4735 West 150th St., Ste. A
Cleveland, OH 44135
216-265-1489, Fax 216- 265-2830
http://www.ridestc.org

SENIOR TRANSPORTATION CONNECTION of Cuyahoga County

REGISTRATION FORM

Date:			Number of Riders:
Name:			Email Address:
First	MI	Last	Gender: ☐ Male ☐ Female
Address:			
City:	State:	Zip Code:	
Apartment Complex Name:		Telephone:	Birthdate:
Cell Phone:	Smartphone ☐ Yes ☐ No	Do you text? ☐ Yes ☐ No	
Last 4 digits of Social Security #:	Do you live in an Assisted Living or Nursing Facility? ☐ Yes ☐ No If yes, name of facility:		
Do you attend a Senior Center? ☐ Yes ☐ No If yes, name of Senior Center:			
Living Situation: ☐ Homebound ☐ Lives Alone ☐ Lives With Spouse ☐ Lives with Others			

Medicaid Eligible: ☐ Yes ☐ No

Income Below National Poverty Level: ☐ Yes ☐ No

(This information is used for reporting purposes only and is confidential)

Persons in Family	Poverty Guideline
1	$12,140
2	$16,460
3	$20,780
4	$25,100

Race: ☐ African-American ☐ American Indian / Alaskan Native ☐ Asian / Pacific Islander ☐ Hispanic or Latino ☐ White ☐ Other ☐ Information Unavailable

MOBILITY INFORMATION

☐ Walker ☐ Cane ☐ Wheel Chair ☐ Motorized Wheel Chair
☐ Hearing Aid ☐ Assist dog ☐ Needs Lift ☐ Other

Do you have a wheel chair ramp at your residence? ☐ Yes ☐ No	Escort Need: ☐ Yes ☐ No	Speaks Limited English: ☐ Yes ☐ No
Frail/Impaired: ☐ Yes ☐ No (If yes, specify):		
Special Pick Up Instructions:		
Special Needs:		

MEDICAL INFORMATION		
Primary Physician:	Office Phone:	Emergency Phone:
Address:		
City:	State:	Zip:
Medical Conditions:		
Medications:		
Allergies:		

EMERGENCY CONTACT INFORMATION		
Name:	Relationship:	Telephone: Alternate Telephone:
Address:		
City:	State:	Zip:
Name:	Relationship:	Telephone: Alternate Telephone:
Address:		
City:	State:	Zip:

MAIL TO:
Senior Transportation Connection
4735 West 150th St., Ste. A
Cleveland, OH 44135

FAX: 216-265-2830

Phone: 216-265-1489

Office Use Only

Date Registered_____

Registered by_____

Provider_____

Funder_____

Fare Type_____

Special Notes_____

_____