

**SOMERS SENIOR CENTER**  
**19 BATTLE STREET, SOMERS CT 06071 ~ 860-763-4379**

**Dial-a-Ride Senior and Disabled Transportation  
Registration Form**

Dial-A-Ride buses are open for all transportation needs with limited seat availability. Medical and employment transportation will continue to take priority. For all other transportation needs, please call in advance to schedule and we will do our best to accommodate all riders.

**Dial-a-Ride Passenger Information**

Full Name :

Address :

E-Mail :

Home Phone :  Cell Phone:

Work Phone :  DOB:

**Medical Information**

Do you have any medical conditions you would like us to be aware of?

Please indicate if you currently utilize any of these medical devices:  Wheelchair  Walker  Cane

**Primary Care Physician**

Name:

Address:

Phone:

**Emergency Contact Information and/or Aide**

Full Name :

Address :

Home Phone :  Cell Phone:

Work Phone :  DOB:

Email :

Relationship :

**Emergency Contact Information and/or Aide**

Full Name :

Address :

Home Phone :  Cell Phone:

Work Phone :  DOB:

Email :

Relationship :

For the purposes of reporting, we are required to collect data on passenger ethnicity. Please select your ethnicity from the following:	White	<input type="checkbox"/>	Asian	<input type="checkbox"/>
	Pacific Islander	<input type="checkbox"/>	Black	<input type="checkbox"/>
	Hispanic	<input type="checkbox"/>		
	American Indian/Alaskan Native	<input type="checkbox"/>		

Do you require an Aide?  Yes  No

Aides Full Name:

Emergency Contact Number:

**Please do not write below this line**

Member ID # :