



# Windsor Senior Transportation

## Dial-A-Ride Annual Enrollment Form

July 1, 2016 ~ June 30, 2017

Today's Date: \_\_\_\_\_

Circle One: New or Renewal

(Print) First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_  
(MM,DD,YYYY)

Home Phone Number:(860) \_\_\_\_\_ Cell Number: \_\_\_\_\_

Ethnicity (for grant purposes only) Please circle one: Caucasian African American Hispanic  
Asian / Pacific Islander American Indian / Alaskan Native

Do you have any allergies? Yes No If yes, please list: \_\_\_\_\_  
(Circle)

Wheelchair Used? Yes No *If you need assistance, please bring the person with you.*  
(Circle)

Recommended Donation: **\$35.00** annually Patient pays parking fees

Amount of Donation Enclosed:\$ \_\_\_\_\_

### Emergency Contact Information

(Print) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Primary Doctor's Name: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Hospital (circle): St. Francis - Hartford - UCONN - Other \_\_\_\_\_

**Your Signature:** \_\_\_\_\_

Please make check payable to: Dial-A-Ride and mail with this form to:  
Windsor Senior Services, 599 Matianuck Ave., Windsor, CT 06095

### THIS SECTION FOR OFFICE USE ONLY- DO NOT PUT ANYTHING IN THIS BLOCK

Donation received: \$ \_\_\_\_\_

Cash: \_\_\_ Check: \_\_\_ Check #: \_\_\_\_\_ Credit Card: \_\_\_\_\_ Money Order: \_\_\_\_\_

Receipt Mailed: \_\_\_\_\_ Staff/Volunteer Initials: \_\_\_\_\_ In XCEL Spreadsheet: \_\_\_\_\_