



Windsor Senior Transportation

Dial-A-Ride Annual Enrollment Form

July 1, 2019 ~ June 30, 2020

Today's Date: _____

Circle One: New or Renewal

(Print) First Name: _____ Last Name: _____

Address: _____ Date of Birth: _____ Email: _____

(MM,DD,YYYY)

Home Phone Number: _____ 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 your aid 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 - Manchester—Other _____

Your Signature: _____

Please make check payable to: Town of Windsor-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: _____