

# Town of Windsor Senior Transportation Dial-A-Ride Annual Enrollment Form July 1, 2021 - June 30, 2022

Date: \_\_\_\_\_

Please Circle One:   **New**   **Renewal**

**PLEASE PRINT**

First Name:	Last Name:
Address:	Email:
Home Phone #:	Cell Phone #:
Date of Birth (MM, DD, YYYY):	

Ethnicity/Race (grant purposes only)

Please circle one:   **Caucasian**   **African American**   **Hispanic**   **Asian/Pacific Islander**   **American Indian**

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

Do you use a wheelchair?   **Yes**   **No**   *\*\*If you need assistance, please bring your aid with you.*

**Emergency Contact Information**

Name:	Relationship:
Address:	City/State:
Home Phone #:	Cell Phone #:
Primary Doctor's Name:	Doctor Phone #:

Hospital (please circle one)   **St. Francis**   **Hartford**   **UCONN**   **Manchester**   Other: \_\_\_\_\_

Recommended Donation: **\$35.00 annually**

Amount enclosed:

\_\_\_\_\_

*\*\*Make checks payable to Town of Windsor Dial-A-Ride and mail with this form to:  
Windsor Senior Services, 599 Matianuck Ave., Windsor, CT 06095*

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

Date: \_\_\_\_\_

FOR OFFICE USE ONLY – DO NOT WRITE BELOW THE LINE

Cash:	Check:	Check #:	Credit Card:	Money Order:
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Donation Received: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Receipt Mailed: \_\_\_\_\_ Staff/Volunteer Initials: \_\_\_\_\_