

# Town of Windsor Senior Transportation Dial-A-Ride Annual Enrollment Form July 1, 2022 - June 30, 2023

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: \_\_\_\_\_