

Town of Windsor Senior Transportation Dial-A-Ride Annual Enrollment Form July 1, 2024 - June 30, 2025

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? () or Walker? () ****If you need assistance, please bring an aid with you as drivers do not enter buildings.**

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: _____