

# SENIOR TRANSPORTATION APPLICATION

Must be approved by City of Twinsburg prior to program participation

## PERSONAL INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt# \_\_\_\_\_ Phone No. \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Mobile No. \_\_\_\_\_

## MEDICAL INFORMATION

Physician: \_\_\_\_\_ Phone No: \_\_\_\_\_  
Hospital: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Existing Medical Conditions \_\_\_\_\_

Are you confined to a WHEELCHAIR? YES or NO / Do you use a WALKER? YES or NO

## EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

I understand that this information will, in the event of a medical emergency, be released to a hospital, physician or emergency medical services agency to assist in the delivery of appropriate medical treatment.

This information is provided on a voluntary basis for my benefit. I accept responsibility for the accuracy of this information.

I have read and understand the policies of the Twinsburg Senior Transportation Services.

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

Print Name: \_\_\_\_\_

### PLEASE RETURN THIS APPLICATION TO:

**Twinsburg Parks and Recreation Senior Van**  
10075 Ravenna Road  
Twinsburg OH 44087

### FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_

*Twinsburg*  
NATURALLY BEAUTIFUL *Ohio*

For questions call (330) 963-8722  
Between 8am-2pm M-F  
Leave a message after hours