



Windsor Senior Transportation

Dial-A-Ride Annual Enrollment Form

July 1, 2017 ~ June 30, 2018

Today's Date: _____

Circle One: New or Renewal

(Print) First Name: _____ Last Name: _____

Address: _____ Date of Birth: _____ Email: _____
(MM,DD,YYYY)

Home Phone Number:(860)_____ 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 the person 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 - Other _____

Your Signature: _____

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: _____