



Windsor Senior Transportation

Dial-A-Ride Annual Enrollment Form

July 1, 2014 ~ June 30, 2015

Today's Date: _____

Circle One: New or Renewal

(Print) First Name: _____ Last Name: _____

Address: _____ Date of Birth: _____

Home Phone Number: _____ Cell Number: _____

Ethnicity (for grant purposes) Please circle one: Caucasian African American Hispanic
Aisan / Pacific Islander American Indian / Alaskan Native

Do you have any allergies? Yes No If yes, please list: _____

Wheelchair Used? Yes No ***If you need assistance, you must bring the person with you.***

Recommended Donation: **\$35.00** annually *Patient pays parking fees*

Amount of Donation Enclosed: \$ _____

Emergency Contact Information

(Print) Name: _____ Relationship: _____

Address: _____ City/State: _____

Home Number: _____ Work Number: _____ Cell Number: _____

Primary Doctor's Name: _____ Doctor's Phone: _____

Hospital (circle): St. Francis - Hartford - UCONN - Other (name) _____

Your Signature: _____

Please make check payable to Dial A Ride and mail with this form to:

THIS SECTION FOR OFFICE USE ONLY

Donation received: \$ _____

Cash: ___ Check: ___ Check #: _____ Credit Card: _____ Money Order: _____

Date Receipt Mailed: _____ Staff/Volunteer Initials: _____ Date in XCEL Doc.: _____