



# NEW CLIENT APPLICATION

24685 State Route 37, Watertown NY 13601

Questions? Call (315) 788-0422

[www.volunteertransportationcenter.org](http://www.volunteertransportationcenter.org)

**Return by fax: (315) 788-8021**

APPLICANT INFORMATION (MUST BE COMPLETED BEFORE FIRST TRIP WITH VOLUNTEER)					
Name				Date of Birth	
Home Phone				Cell Phone	
Mailing Address			Physical Address (if different)		
County of Residence				Town	
Marital Status	<input type="checkbox"/> Married	<input type="checkbox"/> Widowed	<input type="checkbox"/> Single	SSN	
What insurance coverage do you have?			<input type="checkbox"/> Fidelis	<input type="checkbox"/> Medicaid CIN#	
Emergency Contact			Relationship	Phone	
Do you have other transportation available to you (other than our service)?					
<input type="checkbox"/> Personal Vehicle		<input type="checkbox"/> Bus		<input type="checkbox"/> Family/Friends	
<input type="checkbox"/> Taxis					
Do you need assistance getting in/out of vehicle?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you need assistance getting in/out of your home/office?	
<input type="checkbox"/> Yes		<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Race	Gender		Are you or your partner a veteran?		
What is your monthly income?			<input type="checkbox"/> Below \$931	<input type="checkbox"/> \$932+	
Do you use: <input type="checkbox"/> wheelchair <input type="checkbox"/> walker <input type="checkbox"/> cane			Are you a smoker? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<p>Please note that the Volunteer Transportation Center does not discriminate. The eligibility of each client for the <i>Project Wings</i>, <i>Persons with Disabilities</i>, and <i>Other Transportation</i> programs is not based upon race, color, creed, religious beliefs, sexual orientation or age, but is based upon need. The <i>Senior Transportation Program</i> is made possible by funding from the New York State Office for the Aging, Title III of the Older Americans Act for persons 60 years of age or older. This program does not discriminate.</p> <p>I will not hold any volunteer driver nor the Volunteer Transportation Center's staff and/or Board of Directors responsible for any injury to the above-named client that occurs during the course of transportation, destination, and return home. This also includes returning the client home while noting that no other individual is at the home destination to oversee this client. _____ INITIAL HERE</p>					
Signature of Applicant or Responsible Person:				Date:	
Relationship to Applicant:			Phone:		

FOR OFFICE USE ONLY:

OFA Approval: \_\_\_\_\_

