



NEW CLIENT APPLICATION

Mailing Address: 24685 SR 37, Watertown NY 13601

Canton Office: PO Box 515, Canton NY 13617

Questions? Call (315) 788-0422 or (315) 714-2034

Return by fax: (315) 788-8021

☐ **Veteran/Spouse of Veteran Check Here**

APPLICANT INFORMATION (MUST BE COMPLETED BEFORE FIRST TRIP WITH A VOLUNTEER)			
Name		Date of Birth	
Home Phone		Cell Phone	
Mailing Address			
County of Residence		Town	
Marital Status		Full SSN#	
<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Single			
Who do you live with?	<input type="checkbox"/> Alone	<input type="checkbox"/> Non-Relatives	<input type="checkbox"/> Relatives
Insurance Carrier	<input type="checkbox"/> Fidelis	<input type="checkbox"/> VNA	<input type="checkbox"/> Medicaid CIN#
	<input type="checkbox"/> MVP	<input type="checkbox"/> AARP	<input type="checkbox"/> Medicare #
	<input type="checkbox"/> TriCare	<input type="checkbox"/> United Healthcare	
Emergency Contact		Relationship	Phone
TRANSPORTATION NEEDS			
Do you have other transportation available to you (other than our service)?			
<input type="checkbox"/> Personal Vehicle	<input type="checkbox"/> Public Transportation	<input type="checkbox"/> Family/Friends	<input type="checkbox"/> Taxis
Do you need assistance getting in/out of vehicle?		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	
STATISTICAL INFORMATION			
Race		Gender	
What is your monthly income?			
<input type="checkbox"/> Single <input type="checkbox"/> Below \$931 <input type="checkbox"/> \$932+		<input type="checkbox"/> Married <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 program 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 give permission for (Applicant) _____ to be transported by the volunteer drivers from the Volunteer Transportation Center, Inc. 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.</p>			
Signature of Applicant or Responsible Person (POA):			Date:
Relationship to Applicant:		Phone:	
FOR OFFICE USE ONLY:			
OFA Approval: _____			
Limitations/Reason for denial: _____			