



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		Physical Address	
County of Residence		Town	
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Single		Full SSN#	
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
Race	Gender	Monthly Income? <input type="checkbox"/> Below \$931 <input type="checkbox"/> \$932+	

Do you have other transportation available to you (other than VTC)?

Personal Vehicle Public Transportation Family/Friends Taxis

Are you able walk from your house to the car without assistance? yes no

Are you able to manage 3 or more stairs on your own? yes no

Which vehicle fits you best: sedan SUV truck wheelchair accessible van

Do you require a: wheelchair walker cane

Do you have a wheelchair ramp? yes no

Are you a smoker?
 Yes
 No

Please note that the Volunteer Transportation Center does not discriminate. The eligibility of each client for the 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.

By signing below, I acknowledge 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.

Signature:	Date:
Print Name:	Phone (if not the client):

FOR OFFICE USE ONLY:

OFA Approval: _____

Limitations/Reason for denial: _____