



Winfield Township Senior and Disabled Transportation Services
CAREGIVER Registration

All information is required – Please Print

Name: _____ Phone Number: _____

Address: _____ Apt. #: _____

Town: _____ Zip Code: _____ Date of Birth: _____

Do you have any of the following aids to mobility? (check all that apply)

Cane _____ Crutches _____ Electric Wheelchair _____

Guide Dog _____ Caregiver _____ Prosthesis _____

Scooter _____ Walker _____ Wheelchair _____

Please provide us with any additional information we should be aware of (i.e.; sight/hearing issues, Alzheimer's, etc.):

Person to notify in case of emergency:

Name: _____

Relationship: _____ Phone Number: _____

Address: _____ Town: _____

Signature of applicant or person filling out application:

(Signature)

(Printed name and relationship if other than applicant)

PLEASE READ AND SIGN THE WAIVER ON THE BACK OF THIS FORM

Proof of Age and Residency MUST accompany this form.