



## Winfield Township Senior and Disabled Transportation Services 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.**