

Senior Shuttle Passenger Information

(PLEASE PRINT)

Resident Name _____ Date _____

Address _____ Apt. # _____

City, State, Zip _____ Home Phone _____

Birth Date _____ Age _____ Cell Phone _____

Nearest Cross Streets _____

Do you have a disability? _____

Do you use a walker, wheelchair, cane or oxygen tank? (Please specify) _____

Will a caregiver accompany you on rides? _____ Caregiver's Name _____

Primary Physician Name _____ Phone _____

Please list medical problems we should be aware of. Should you have a medical emergency while riding the bus, 911 will be called for emergency medical dispatch.

Emergency Contact Information:

Name _____ Relationship _____

Address _____ Home Phone _____

City, State, Zip _____ Cell Phone _____

Notes _____



This is a two-sided form. Please complete both sides.



Senior Shuttle Rider Agreement

I have read the Plainfield Township Senior Shuttle Bus Brochure and agree to adhere to all the regulations as stated:

- Policies and Procedures
- Service Eligibility
- Geographical Area and Fares
- Restrictions of Service
- Pick Ups from Medical Facilities
- Wheelchairs & Scooters
- Scheduling Appointments
- Limitation on Waiting Time **(See note below.)**
- Failure to Cancel Appointments
- Complaints

****(Although you are given a scheduled pickup time when you call to make your appointment, you must be ready and waiting 15 minutes before that given time. The driver will only wait five (5) minutes from the time of his arrival. If you haven't boarded the bus within the allotted time, he will leave and not return. This is the only way we can run an efficient program.)****

I understand that failure to comply with any and all of the policies and procedures may result in loss of riding privileges.

Passenger Signature

Date

Print Name



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