



SENIOR CARE NETWORK

Made possible with funding provided by:



Customer Transportation Registration

SSN (OPTIONAL): _____ Date of Birth: ____/____/____

Legal First Name: _____ Middle Initial: _____ Last Name: _____

Full Address: _____

Home Phone #: (____) _____ - _____ Cell Phone #: (____) _____ - _____

Voluntary information requested for statistical purposes:

GENDER:

- Male
Female

DO YOU HAVE CYSTIC FIBROSIS?

- No
Yes

RACE/ETHNICITY:

- White/Non-Hispanic
African American
Hispanic
Native American
Other:

PRIMARY LANGUAGE:

- English
Spanish
Other:

MARITAL STATUS:

- Single
Married
Divorced
Separated
Widowed
Other:

TYPE OF RESIDENCY:

- Resident Year Round
Seasonal
Resident living rurally

ARE YOU A VETERAN?

- No
Yes

ARE YOU ENROLLED IN A MANAGED MEDICAID PLAN?

- No
Yes

CHECK ALL THAT APPLY TO YOU:

- No means of transportation
Wheelchair Bound
Walking/Mobility is difficult
Use a cane or walker
Live alone
Need assistance to evacuate
Hearing impaired
Visually impaired

DO YOU HAVE A LIVE-IN CAREGIVER?

- No
Yes:
Name:
Number:

Do you have any disabilities or health conditions we should be aware of? _____

Will you always have a ride for your vital trips (Food, Medical)? Yes No

How did you hear about us? _____

EMERGENCY CONTACT:

Name: Relationship: Telephone Number: _____

By signing this form, I am stating that the information I have given is true and complete to the best of my knowledge. I understand that this document is required for me to receive services through Neighborly Care Network, funded by the Area Agency on Aging of Pasco-Pinellas, Inc. and the Pinellas Suncoast Transit Authority's (PSTA's) Transportation Disadvantaged Program.

APPLICANT'S SIGNATURE: DATE:

WHY IS NEIGHBORLY CARE NETWORK COLLECTING YOUR SOCIAL SECURITY NUMBER?

Your social security number is confidential under law. We may not collect your social security number unless we explain to you in writing the reason we need it. Neighborly Care Network is collecting your social security number as part of its responsibility to conduct assessments. We will not use or give out your social security number for any other reason, including referrals to other agencies, unless you have signed a separate form consenting to the release of information to another agency. Neighborly Care Network's "Notice of Privacy Practices" is posted on our buses or may be requested by calling the number at the top of this form. If you feel the need to complain or wish to grieve your services, please call (727) 573-9444. Further, if you are dissatisfied with Neighborly Care Network's decision, you always have the right to appeal with the Area Agency on Aging of Pasco-Pinellas, Inc.

By returning this form you acknowledge that you have received a copy of the Notice of Privacy Practices (HIPAA) statement.