

# WATERFORD SENIOR SERVICES TRANSPORTATION PROGRAM REGISTRATION

|           |            |               |
|-----------|------------|---------------|
| Last Name | First Name | Date of Birth |
| Address   | Apt. #     | Town          |
|           | Zip Code   | Phone Number  |

**Emergency Contacts:**

|      |              |              |
|------|--------------|--------------|
| Name | Relationship | Phone Number |
| Name | Relationship | Phone Number |

Please describe your home's exterior \_\_\_\_\_

Is the house number on the **House** or on the **Mailbox**? \_\_\_\_\_

Is your driveway accessible and clear for our van to enter and/or turn around? **YES** OR **NO**

Please circle **YES** or **NO** for the following questions:

- |                                                                                                                                                                                                               |            |    |           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----|-----------|
| 1. Do you have a disability?                                                                                                                                                                                  | <b>YES</b> | OR | <b>NO</b> |
| 2. Can you climb (3) 12 inch steps?                                                                                                                                                                           | <b>YES</b> | OR | <b>NO</b> |
| 3. Do you have a companion who travels with you who is able to assist you ?                                                                                                                                   | <b>YES</b> | OR | <b>NO</b> |
| 4. Do you live alone?                                                                                                                                                                                         | <b>YES</b> | OR | <b>NO</b> |
| 5. Have you registered with Emergency Management letting them know that you will need a ride to evacuate your home in an emergency situation or that you rely on electrical power for your medical equipment? | <b>YES</b> | OR | <b>NO</b> |

Please circle any of the following items that you use or conditions that pertain to you:

- |                    |                  |                   |                      |
|--------------------|------------------|-------------------|----------------------|
| 1. <b>I am:</b>    | Hearing Impaired | Visually Impaired | Weak in the Legs     |
| 2. <b>I use a:</b> | Walker           | Cane              | Portable Oxygen Tank |
| 3. <b>I use a:</b> | Wheelchair       | Electric Scooter  | Electric Wheelchair  |

**NOTE: If you use any type of wheelchair or scooter, please complete the following:**

- |                                                                                                                            |            |    |           |
|----------------------------------------------------------------------------------------------------------------------------|------------|----|-----------|
| 1. Do you manage the wheelchair independently; or is there an aide or family member that is physically able to assist you? | <b>YES</b> | OR | <b>NO</b> |
| 2. If electric scooter or electric wheelchair, please give estimated weight of chair _____lbs.                             |            |    |           |

**OPTIONAL:** For the purposes of obtaining statistics for The State of Connecticut, please circle your racial origin:

BLACK      HISPANIC      CAUCASIAN      AMERICAN INDIAN/ALASKAN NATIVE      ASIAN/PACIFIC ISLANDER

(over please)

## Service Limitations

Senior Services staff members will use their discretion to ensure that transportation requests can be provided safely. Senior Services may also refuse transportation to you if you engage in violent, seriously disruptive, or illegal conduct, pose a direct threat to the health and safety of others, are in possession of a weapon, display objectionable conduct (such as but not limited to being under the influence of alcohol or illegal drugs, or participate in any form of harassing behavior) or when the schedule is full. Senior Services cannot assume responsibility for being a resident's sole source of transportation. We advise all passengers to maintain family, friends, and neighbors as back up to the Senior Services transportation service. In order to have transportation available to all older and disabled residents, we may limit the number of rides scheduled per month per person if the demand for rides exceeds the department's resources. Passengers are encouraged to register for the Municipal Transportation Grant program (MED RIDE), which provides transportation to medical appointments seven days a week and 24 hours per day in New London County and Westerly.

## **Please read the description of the Waterford Senior Services Transportation Program and the following waiver and then sign and date below. Return this form to Senior Services.**

In consideration for participating in the above-referenced program/activity sponsored by the Senior Services Department of the Town of Waterford, I hereby waive and release the Town of Waterford, its agents, officers and employees, whether paid or voluntary, from and against any and all claims, suits, actions, damages, liabilities, costs, expenses and or judgments, including attorney's fees and court costs, which may arise from my participation in the above-referenced program/activity or any illness or injury resulting there from, either directly or incidentally.

I hereby represent that I have received, read, and understand the Waterford Senior Services Transportation Program policy and am familiar with the nature and type of activities in which I will participate as part of the above-referenced program/activity. I further represent that I am in good physical and mental health condition and that I am unaware of any physical or other health condition that would affect my ability to participate in the above-referenced program/activity.

I acknowledge that I will be solely responsible for the furnishing of necessary safeguards and appropriate equipment for protection against injury.

I have read this document and the document entitled Waterford Senior Services Transportation Program and understand and agree to the terms and conditions contained in both documents.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
If applicable, Designated Facility Representative Signature

\_\_\_\_\_  
Date

The Town of Waterford upholds its commitment to the principles inherent in the Civil Rights Act of 1964, which affirms that discrimination is illegal.

The Town of Waterford in accordance with Connecticut State and Federal law will ensure full compliance with Title VI of the Civil Rights Act of 1964 as amended and related statutes. The Town of Waterford is committed to ensuring that no person is excluded from participation, denied benefits, or otherwise subjected to discrimination under any program or activity or any service rendered to the public, on the basis of race, color, national origin, sex, age, or disability.

Further, the Town of Waterford prohibits discrimination in public accommodations on the basis of ancestry, breast feeding in a place of public accommodation, lawful source of income, learning disability, marital status, mental disability, mental retardation, physical disability, religious creed, sexual orientation, as well as using a guide dog/training a guide dog.

To request additional information on The Town of Waterford's non-discrimination obligations or to file a Title VI complaint, please submit your request or complaint in writing to:

Dani Gorman, Title VI Coordinator  
15 Rope Ferry Road  
Waterford, CT 06385

The Town of Waterford  
complies with  
The Americans  
with Disability ACT  
Contact ADA Coordinator  
[dgorman@waterfordct.org](mailto:dgorman@waterfordct.org) 860-444-5839  
15 Rope Ferry Rd. Waterford, CT 06385



Complaint forms can be obtained online at the Town of Waterford website [www.waterfordct.org](http://www.waterfordct.org) or in person at the Senior Services Department, Waterford Community Center, 24 Rope Ferry Road, Waterford, CT 06385

**FOR PERSONS WITH DISABILITIES, THIS PUBLICATION CAN BE PROVIDED IN ALTERNATE FORMATS.**