

**CITY OF ANAHEIM  
SENIOR TRANSPORTATION PROGRAM  
REGISTRATION FORM**

DATE \_\_\_\_\_

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ APT. \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ SEX: MALE \_\_\_ FEMALE \_\_\_

**IN CASE OF EMERGENCY WHOM SHOULD WE CONTACT?**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

**CHECK ANY THAT APPLIES TO YOU:** \_\_\_ OCTA ACCESS QUALIFIED RIDER

\_\_\_ ORTHOPEDICALLY HANDICAPPED \_\_\_ FRAIL

\_\_\_ DISABLED \_\_\_ BLIND

\_\_\_ OTHER, PLEASE SPECIFY \_\_\_\_\_

**DO YOU USE A:** WALKER \_\_\_ CANE \_\_\_ WHEELCHAIR \_\_\_ OTHER \_\_\_

**IF YOU USE A WHEELCHAIR, IS IT:** MANUAL \_\_\_ ELECTRIC \_\_\_

✦                    ✦                    ✦                    ✦                    ✦                    ✦                    ✦

**TRANSPORTATION FOR NUTRITION PROGRAM REQUESTED ON THE  
FOLLOWING DAYS OF THE WEEK**

MONDAY            \_\_\_ AM            \_\_\_ PM

TUESDAY           \_\_\_ AM            \_\_\_ PM

WEDNESDAY       \_\_\_ AM            \_\_\_ PM

THURSDAY         \_\_\_ AM            \_\_\_ PM

FRIDAY             \_\_\_ AM            \_\_\_ PM

**Office use only.**            Received on \_\_\_\_\_ By \_\_\_\_\_

Approved/Not approved by \_\_\_\_\_ Date \_\_\_\_\_