

**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 _____