



**Social Transportation for Seniors**  
 6000 Hawk Ave, North Richland Hills, TX 76180  
 PHONE: 817.427.6696 FAX: 817.514.7325

## PARTICIPANT DATA SHEET

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ HOME PHONE \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

### EMERGENCY CONTACTS

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

HEALTH INFORMATION: <b>***WE DO NOT TRANSPORT ELECTRIC WHEELCHAIRS***</b>									
<i>CLIENT USES:</i>	Wheelchair	Cane	Walker	Crutches	Scooter	<i>PETS:</i>	Dog	Cat	
<i>HAVE WHEELCHAIR RAMP?</i>	Y	N			<i>NEED WHEELCHAIR RAMP?</i>	Y	N		
<i>CAN TRANSFER FROM W/C TO VEHICLE SEAT?</i>	Y	N			<i>CAN GET INTO:</i>	Van	Pickup		
<i>GENERAL HEALTH:</i>	Excellent	Good	Fair	Poor	<i>USE O<sub>2</sub>?</i>	Y	N	<i>TAKE O<sub>2</sub> W/YOU?</i>	Y N

### CONSENT ( MUST BE SIGNED )

I request enrollment in the Social Transportation for Seniors (STS) program. I further agree that STS may share information with other agencies, services or volunteers on an as needed basis. All participant information will be considered confidential and will not be divulged to any unauthorized persons.

SIGNED: \_\_\_\_\_ DATED: \_\_\_\_\_