

**Kuna Senior Center  
PO Box 39  
229 Avenue B  
Kuna ID, 83634**

Phone: 208-922-9714 Email: kunaseniorcenter1@gmail.com

**TRANSPORTATION REGISTRATION**

Date:

Last Name	<input type="text"/>	First	<input type="text"/>	Initial	<input type="text"/>
Nickname	<input type="text"/>	Phone Number	<input type="text"/>		
Residential Address	<input type="text"/>		City, State Zip	<input type="text"/>	
Mailing Address	<input type="text"/>		City, State Zip	<input type="text"/>	
Date of Birth:	<input type="text"/>	0	Gender	Are you disabled?	

What mobility Equipment are aid used to travel? (Check all that apply)

If you change the type of mobility device that you use, please inform us as soon as possible.

**RACE/ETHNIC ORIGIN**

Do you speak English?  If "No" what language:

**MARITAL STATUS**

**EMERGENCY CONTACT INFORMATION**

Name:	<input type="text"/>	Name:	<input type="text"/>
Home Phone:	<input type="text"/>	Home Phone:	<input type="text"/>
	Mobile Phone: <input type="text"/>		Mobile Phone: <input type="text"/>
Business Phone:	<input type="text"/>	Business Phone:	<input type="text"/>
Relationship:	<input type="text"/>	Relationship:	<input type="text"/>

\*\*Units of service will only be reimbursed if the consumer meets eligibility criteria for the specified program(s).\*\*

**Consent release: I DO authorize**  or  the release of information to aging network.

I understand this information must be updated at least annually and will be released to the Kuna Senior Center for the sole purpose of assisting me to receive services and benefits to which I may be entitled and for funding purposes.

I was giving a copy of the Kuna Senior Center bus policy/guide and I have read and understand the policy. Int\_\_\_\_\_

Client or Authorized Representative Signature

Date