

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

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

TRANSPORTATION REGISTRATION

Date:

New

Last Name		First	Initial
Nickname		Phone Number	
Residential Address		City, State Zip	
Mailing Address		City, State Zip	
Date of Birth:	0	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Are you disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No

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

Cane Walker Service Animal Vision
 Crutches Manual Wheelchair Hearing Other please specify:

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

RACE/ETHNIC ORIGIN

American Indian/Native Alaskan Black/African American Hispanic/Latino
 Asian Native Hawaiian/Pacific Islander White/Caucasian
 Other - Describe:

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

MARITAL STATUS

Married Separated Single Divorced Widowed

EMERGENCY CONTACT INFORMATION

Name:	Name:
Home Phone:	Home Phone:
Mobile Phone:	Mobile Phone:
Business Phone:	Business Phone:
Relationship:	Relationship:

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

Consent release: I DO authorize Yes or No 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 given 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 _____