



THRIVE55+
Active Living Center

Thrive 55+ Active Living Center

TRANSPORTATION SERVICES

This sheet must be returned before transportation services can be provided

The information obtained in this certification process will only be used by Thrive 55+ Active Living Center for the provision of transportation services. Information will only be shared with Center personnel to facilitate transportation services. The information will not be provided to any other person or agency.

1. Name _____

2. Address _____

3. Telephone (Home) _____

4. Date of Birth ____/____/____

5. Emergency Contact: Name _____

6. Emergency Contact: Telephone & Relationship _____

7. Will you be using our regular van service? YES _____ NO _____

8. Do you use any of the following aides for mobility? (Check all that apply.)

*Manual wheelchair ____ *Electric wheelchair ____ *Powered Scooter ____

Cane ____ Crutches ____ Service Animal ____ Walker ____ Oxygen ____

Other (Please specify) _____

9. Do you require a personal care attendant when you travel?

YES ____ NO ____

10. Is English your primary language? Yes _____ No _____

If no, what is your primary language? _____

Do you need translation services? Yes _____ No _____

I hereby certify that the information given is correct.

- Please be aware that the drivers do not assist passenger to and from the vehicle.
- Service animals may accompany individuals with disabilities in all vehicles and within the Thrive55+ building.

- Portable oxygen and respirators may be used in all vehicles and within the Thrive55+ building.
- Please do not feel rushed to board the vehicle. Take your time boarding and disembarking the vehicle. Drivers may hold your purse/bag for you if that makes you feel more secure.
- If the stairs are difficult for you to use to get on a van, please know you have the option of using the lift to get on the van.

By signing this document and accepting the transportation services provided by Thrive 55+ Active Living Center, you acknowledge and accept that those services consist of driving you to and from your predetermined destination only, and that the driver is not trained or qualified to and will not provide you personal care, medical care or any type of service other than driving you to and from your destination. You are encouraged to bring a care attendant with you if you need personal assistance.

Signed: _____ Date: _____

If someone has completed this application other than the person requesting the transportation, that person should complete the following:

Name: _____

Daytime Phone number: _____