

## APPLICATION

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Apt/Space #: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Nearest cross street to your home: \_\_\_\_\_

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Gender: Male ☐ Female ☐

1. Do you have a Valid Drivers License? No ☐ Yes ☐

2. Are you able to drive? No ☐ Yes ☐

3. Do you use any mobility aids? Cane ☐, Walker ☐, Wheelchair ☐, Scooter (up to 400 lbs.) ☐

4. Medical Facility Used:

\_\_\_\_\_  
\_\_\_\_\_

5. In which Senior Neighborhood/Facility do you reside?

\_\_\_\_\_

**Once enrolled in the Program your information will be shared with American Logistics Company for the Shuttle Service.**

**Please complete the application (*sign the waiver on the back of this form*), include proof of residency and age, and return by mail or in person to:**

**Solutions for Seniors on the Go  
Attn: Transportation Coordinator  
455 Country Club Lane  
Oceanside, CA 92054  
(760) 435-5253**

I certify that the above information is true and correct and that I can be discharged for any misrepresentation of information.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

For office use: American Logistics ID #0S \_\_\_\_\_ Rideshare Database \_\_\_\_\_ Recware \_\_\_\_\_  
Age/Residency Verified \_\_\_\_\_  
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