

Name: _____ Phone: Home: _____
 Last, First (Please print) Cell: _____

Address: _____ Apt/Space #: _____

City/State: _____ Zip: _____

Birth Date: ____/____/____ Male Female Email address: _____

Emergency Contact Information

Name: _____ Phone #: _____ Relationship: _____

Do you have a Valid Drivers License? No Yes Are you able to drive? No Yes

Do you live in a 55+ Community? No Yes Name of Community _____

Do you have a disability? No Yes

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

The following questions are for statistical purposes only. Your response is voluntary and has no bearing on your eligibility.

Race Asian/Pacific Islander African American
 American Indian/Alaskan Native Hispanic
 White (not Hispanic) Other

Income

Less than \$22,050 Over \$22,050

Language

What language is primarily spoken in your household? _____

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
455 Country Club Lane, Oceanside, CA 92054
Office phone: (760) 435-5155

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

Signature _____ **Date** _____

Rev 8/16

For office use: FACT Van ID #0S _____ Ridesheduler _____ ActiveNet _____ Age/Residency Verified _____