

Rhinebeck Senior Transportation Registration Form
INTAKE FORM

Date: _____
Received by: _____

Name: _____
Address: _____
Phone #: _____

Can you step up the stairs of a van? YES _____ NO _____

Please list at least two (2) emergency contact numbers

1) Name _____ Phone # _____
Address _____ relation _____

2) Name _____ Phone # _____
Address _____ relation _____

Please list any medical conditions or physical limitations you have.

Please make all reservations at least 48 hours in advance!

Please expect a confirmation call the day prior to the date you plan on using this service. Any changes to this request should be made no later than 24 hours before scheduled outing!