St. Johns County Council On Aging

Request for Senior Center Transportation

COASTAL COMMUNITY CENTER

180 Marine St, St. Augustine, FL 32084

904-209-3696

Request Details (please check all that apply)**:**

☐ NEW REQUEST ☐ Client No Longer Drives ☐ Client lives alone ☐ Client lives with other but other is not able/available to transport CL to center
Notes:

Subscription Details (please circle all applicable)

MON	TUES	WED	THURS	FRI

Start Date:	**End Date or Ongoing** (circle one) **End Date if applicable:**

Client Details

LAST Name:	FIRST Name:
Date of Birth: ___ ___ - ___ ___ - ___ ___	Address:
State: Zipcode:	City:
Client Phone #:	Gender *(check one):* ☐ MALE ☐ FEMALE
Mobility *(check one):* ☐ Ambulatory ☐ Walker (but requires a lift) ☐ Wheelchair (Regular) ☐ Wheelchair (Motorized) ☐ Wheelchair (Extra-Wide) ☐ Wheelchair (Extended-Leg) ☐ Scooter (Note: Clients must be able to operate themselves)	Emergency Contact Name: Emergency Contact Relation to Client: Emergency Contact #:
Bill to the following Funding Source: **Nutrition**	Notes:

Senior Center Program Coordinator:

Sign.:	Date:
Notes:	

Transportation Dept. Representative:

Sign.:	Date:	☐ Seeking Approval
Return Fax #:	Time:	☐ Approved
Notes:		☐ Not Approved