

Applicants for Seniors (60+)

C-Tran Door-to-Door Registration Form



Please Print Neatly

All Door-to-Door applicants must go to the Cary Senior Center for photo.

Client Information:

Last Name: _____

First Name: _____

Middle Initial: _____

Demographics:

Gender _____ Date of Birth: _____
(F/M) (Month/Day/Year)

Do you require any of the following (circle yes or no)

Personal Care Attendant: YES NO

Wheelchair: YES NO

Walker: YES NO

Oxygen: YES NO

Service Animal: YES NO

Other: _____

NOTE: If you need to reserve your initial ride and schedule a pick up, please call (919) 481-2020, Dial Option #1.

Client's Primary Address:

Address: _____

Apartment: _____

City: _____

State: NC Zip Code: _____

Home Phone () _____

Cell Phone () _____

Work Phone () _____

Fax () _____

E-Mail Address: _____

Emergency Contact Information:

Emergency Contact: _____

Relationship: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone (DAY) () _____

Phone (NIGHT) () _____

Cell Phone () _____

TO BE COMPLETED BY STAFF ONLY:

Verified:

Residence Staff _____ ID Made

Age Staff _____ Date: _____

Form Faxed to C-Tran Staff _____

Staff: _____ Date: _____



TOWN of CARY
www.townofcary.org

This form should be completed in person at the Cary Senior Center. For more, call the Cary Senior Center (919) 469-4081.