



471 E Tahquitz Canyon Way, Suite 218
Palm Springs CA 92262
760-422-5504

Contact Information

Name	
Street Address	
City, ST ZIP Code	
Date of Birth	
Home Phone	
Cell Phone	
E-Mail Address	

Special Assistance Required (please check all that apply)

Yes

- Do You use a wheelchair?
- Walker?
- Cane or Crutches?
- Prosthetic Limb?
- Do you have low vision or blindness?
- Do you have significant problems with memory, like forgetting where you are or where you are going?

Is there any other way we can help you get around safely?

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this registration, I affirm that the facts set forth in it are true and complete. Our annual membership fee is \$50. If you cannot afford this amount, please contact us and we can either work out an easy payment plan or provide you with a full scholarship. We provide transportation regardless of your financial challenges.

Name (printed)	
Signature	
Date	

The rest of this form is *completely voluntary* and will not be shared with anyone outside this agency unless required by law. It is used to collect statistical information about all of our members to help us obtain various grants and funds to support the service. All of your responses will be kept confidential. You will receive transportation service even if you elect not to answer these questions.

Name of Doctors you see regularly	Type of Doctor	Phone Number

We ask about your doctors only so that we can add them to our database of destinations, which makes creating daily-ride-schedules easier.

How many people are in your household?

Is your combined household income less than \$12,000 per year?

Is your combined household income between than \$12,000 and \$24,000 per year?

Is your combined household income more than \$24,000 per year?

What is your Spouse's Name?

What is your Ethnic Heritage?

How did you hear about us?

Do you receive any public assistance?

If yes, which?

Do you receive any Social Security?

If yes, which type?
