

METROWEST REGIONAL TRANSIT AUTHORITY CALL CENTER

15 Blandin Ave, Framingham, MA 01702

(508) 820-4650 ▪ Fax: (508) 935-2940

TTY (508) 935-2242

Sudbury Senior Center – Sudbury Connection Van
Age/Disability Verification Form (60 and older/disabled)

Please Provide the Following Information:

First Name: _____

Last Name: _____

Date of Birth: _____

Street Address: _____

Apt. Number: _____

City/Town: _____

State/Zip Code: _____

Phone #: _____ Email address: _____

Emergency Contact: _____ Relationship: _____

Phone #: _____

Second Contact (*optional*): _____ Relationship: _____

Phone #: _____

Please check off any Mobility Aids:

- Manual Wheelchair
- Electric Wheelchair
- Powered Scooter
- Lift Required
- Cane
- Walker
- Other: _____

Can you independently, safely and effectively travel to and from your destination?

- Yes
 - No (please explain): Will travel with a family member or assistant (PCA)?
-

Please check if you are a Veteran { }, or an immediate family member of a Veteran { }

*****If you are under the age of 60 and applying with a disability, please attach a Doctor's note indicating a need for transportation.***

By signing below, you agree to abide by the **Sudbury Connection Van Policies and Procedures**.

A copy of the Policies and Procedures is available at the Town of Sudbury – Sudbury Transportation Committee webpage, or can be emailed or mailed to you upon request. Town of Sudbury – www.sudbury.ma.us.

Please mail, email or drop off this form at the Sudbury Senior Center:

Sudbury Senior Center
40 Fairbank Road
Sudbury, MA 01776
senior@sudbury.ma.us
978-443-3055

Customer Signature: _____ *Date:* _____