



Berlin Council on Aging Rider Information

General Information

Please call 978-838-2750 if you need this application and future written information in one of the following forms:

Large Print _____

Braille _____

Audio Tape _____

Other _____

Applicant's Name _____

Address _____

City/Town _____ State _____ Zip _____

Telephone Number (Home): _____ (Cell) _____

Date of Birth: _____ / _____ / _____

Do you travel with a mobility device? _____ Yes _____ No

_____ Cane _____ Walker _____ Scooter _____ Wheelchair

_____ Service Animal _____ Other: _____

Do you require assistance of another individual to travel? _____ Yes _____ No

Emergency Contact Information: (you MUST complete this portion of the form)

Name _____

Relationship: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

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(continued)

Most frequent Health Care Professional/Doctor Office Destinations:

Name: _____

Office Address: _____

Telephone Number: _____

Name: _____

Office Address: _____

Telephone Number: _____

Name: _____

Office Address: _____

Telephone Number: _____

Most frequent destination/trip taken with Berlin Council on Aging. Example:
grocery shopping, hairdresser, pharmacy, etc.

1. _____

2. _____

3. _____