

Garfield Heights Senior Center

Medical Transportation Registration

(216) 475-3244

The medical and errand transportation service is provided to residents of Garfield Heights who are 60 years of age and older and those who are physically disabled. In addition, this service is funded with city resources and the rates are **not** suggested donations. The fee is required in order to receive the service. Failure to pay the driver at the time of service will result in the denial of future trips. All medical appointments can be scheduled no earlier than 7 days prior to the appointment. Errands can be scheduled only 1 day in advance. Priority will be given to medical appointments as available Monday through Thursday starting at 9:00a.m. and ended at 4:00p.m. and Fridays starting at 9:00a.m and ending at 11:30a.m. Rates are as followed:

Medical (doctor appointments, lab work, tests, dentist etc.)	<u>\$2.00</u>
<u>roundtrip</u>	
Essential Errands (grocery shopping, banking & pharmacy)	<u>\$3.00</u>
<u>roundtrip</u>	

Destinations:

The Garfield Heights Senior Center Medical Transportation will transport to the following cities/hospitals: Garfield Heights, Independence, South Point Hospital – Warrensville Heights, Bedford Heights and Maple Heights.

Essential Errands will ONLY transport within the City of Garfield Heights

We have group shopping trips alternating between Dave's and Giant Eagle every Wednesday at 12:30p.m. You must call on Tuesday if you would like to go.

Name:

Address:

Phone: _____ **Birthdate:** _____ **Last 4 digits of**

SS#: _____

Emergency Contact: _____ **Relationship:**

Phone: _____ **Other Phone:**

Medical Information:

Do you use a walker or cane? ___ Yes ___ No
Do you use a wheelchair? ___ Yes ___ No
Is wheelchair motorized? ___ Yes ___ No
Do you have a ramp? ___ Yes ___ No
Are you hearing impaired? ___ Yes ___ No
Are you visually impaired? ___ Yes ___ No
Do you live alone? ___ Yes ___ No
Do you require a PCA? ___ Yes ___ No
If under 60, are you disabled? ___ Yes ___ No
Do you have any severe medical
or health issues you want us to be
aware of (ex: pacemaker, diabetes)? ___ Yes ___ No

OFFICE USE ONLY

Start Date: _____

Assessment needed? ___ Yes ___ No Does passenger require a wheelchair lift?

___ Yes ___ No