

# **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 10:00 AM and ending at 3:00 PM and Fridays starting at 8:30 AM and ending at 12:00PM. Rates are as followed:

<b>Medical (doctor appointments, lab work, tests, dentist, etc.)</b>	<b><u>\$3.00 roundtrip</u></b>
<b>Essential Errands (grocery shopping, banking, &amp; pharmacy)</b>	<b><u>\$4.00 roundtrip</u></b>

## **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 on Fridays. Call for details.

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **Last 4 digits of SS#:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Other Phone:** \_\_\_\_\_

## **Medical Information:**

1. Do you use a walker or cane? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. Do you use a wheelchair? \_\_\_\_\_ Yes \_\_\_\_\_ No
3. Is wheelchair motorized? \_\_\_\_\_ Yes \_\_\_\_\_ No
4. Do you have a ramp? \_\_\_\_\_ Yes \_\_\_\_\_ No
5. Are you hearing impaired? \_\_\_\_\_ Yes \_\_\_\_\_ No
6. Are you visually impaired? \_\_\_\_\_ Yes \_\_\_\_\_ No
7. Do you live alone? \_\_\_\_\_ Yes \_\_\_\_\_ No
8. Do you require a PCA? \_\_\_\_\_ Yes \_\_\_\_\_ No
9. If under 60, are you disabled? \_\_\_\_\_ Yes \_\_\_\_\_ No
10. 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