

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:

Medical (doctor appointments, lab work, tests, dentist, etc.)

\$3.00 roundtrip

Essential Errands (grocery shopping, banking, & pharmacy)

\$4.00 roundtrip

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