**Dial-a-Bus Rider Intake Form:**

**(Type or Print Clearly)**

1. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: M / F

2. Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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3. Telephone Number (Home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Emergency Contact Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

6. Disabled Citizen: Yes / No (circle one) Medicare Card Holder: Yes / No (circle one)

7. Do you use any of the following aids to mobility? (Check all that apply.)

Wheelchair \_\_\_\_ Walker Cane \_\_\_\_ Crutches \_\_\_\_Aide/Helper \_\_\_\_ Service Animal \_\_\_\_

The information on this form will be used only by the County of Orange and the Town of Newburgh to

provide Dial-a-bus service and will not be provided to any other person or agency.

I have received, read and understand the Town of Newburgh Dial-bus Rider Guide.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(For office use only)

Complete and Return Form to:

Town of Newburgh Dial-a-Bus

311 Route 32

Newburgh NY 12550