

Dial-a-Bus Rider Intake Form:

(Type or Print Clearly)

1. Name _____ Sex: M / F

2. Address _____

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