Call-A-Ride Service

249 West Third Street, Lewistown, PA 17044
Phone: (717) 242-2277 Toll Free: 1-800-348-2277
Email: cars@mjaaa.com

REGISTRATION FORM

Gender: M or F
(Circle One)

First Name ___ MI ___ Last Name ___

Address ___ Phone ___

City ___ State ___ Zip Code ___ Municipality ___ County ___

Date of Birth ___ SS# ___ Ethnicity ___

Contact Person ___ Contact Phone Number ___

Access Eligible (Circle One) Y or N

Recipient Number ___

___
___
___

Directions to your home

Proof of Age Documents

___	Birth Certificate	___	Armed Forces Discharge Papers
___	Baptismal Certificate	___	Age Verification from the SSA
___	Driver's License	___	PACE Card
___	Passport/Naturalization Papers	___	PA ID Card

Signature___________________ Date ______________ Witness:_____________________

Special Needs *Please check all that apply*

1) Escort_____Blind_____Dementia_____Needs Assistance_____

****Clients 16 years and younger may require an escort****

I understand that I need to choose an escort that is physically and mentally able to assist my needs.

Signature: __________________Date:________

2) Child Safety Seats are not provided by CARS:

If your child is under the age of 8, you will be expected to load and unload Your child in a safety seat specific to his age, weight and according to current PA Motor Vehicle Laws.

Signature:___________________Date:________

3) Oxygen_____

I understand that I am responsible for maintaining my level of oxygen for the length of the trip and must have it secured, if I am in a wheelchair.

Signature:___________________Date:________

4) Walker/Lift Required______Needs WC Steps_____
Wheelchair_____Electric Wheelchair_____Scooter_____

I understand that I am responsible to choose a wheelchair approved to be transported in a motor vehicle and that it should be clean and fully operational with footrests.

Signature:___________________Date:________

5) **Release of Information**

I give my permission to Call A Ride Service to contact my health care provider or other professional necessary to confirm appointments and medical coverage in relation to trips that I request from C.A.R.S.

Signature:___________________Date:________

This information is true and correct to the best of my knowledge and may be utilized for funding purposes.