Neighborly
SENIOR CARE NETWORK

Made possible with funding provided by:
Area Agency on Aging of Pasco - Pinellas, Inc.
PSTA

Customer Transportation Registration

SSN (OPTIONAL): ___ ___ ___-___ ___ - ___ ___ ___ ___ **Date of Birth:** _____/_____/_____

Legal First Name: _____ **Middle Initial:** _____ **Last Name:** _____

Full Address: _____

Home Phone #: (__ __ __) ___ ___ ___ - ___ ___ ___ ___ **Cell Phone #:** (__ __ __) ___ ___ ___ - ___ ___ ___ ___

Voluntary information requested for statistical purposes:

GENDER:
☐ Male
☐ Female

DO YOU HAVE CYSTIC FIBROSIS?
☐ No
☐ Yes

RACE/ETHNICITY:
☐ White/Non-Hispanic
☐ African American
☐ Hispanic
☐ Native American
☐ Other: _____

PRIMARY LANGUAGE:
☐ English
☐ Spanish
☐ Other: _____

MARITAL STATUS:
☐ Single
☐ Married
☐ Divorced
☐ Separated
☐ Widowed
☐ Other: _____

TYPE OF RESIDENCY:
☐ Resident Year Round
☐ Seasonal
☐ Resident living rurally

ARE YOU A VETERAN?
☐ No
☐ Yes

ARE YOU ENROLLED IN A MANAGED MEDICAID PLAN?
☐ No
☐ Yes

CHECK *ALL* THAT APPLY TO YOU:
☐ No means of transportation
☐ Wheelchair Bound
☐ Walking/Mobility is difficult
☐ Use a cane or walker
☐ Live alone
☐ Need assistance to evacuate
☐ Hearing impaired
☐ Visually impaired

DO YOU HAVE A LIVE-IN CAREGIVER?
☐ No
☐ Yes:
Name: _____
Number: _____

Do you have any disabilities or health conditions we should be aware of? _____

Will you always have a ride for your vital trips (Food, Medical)? ☐ **Yes** ☐ **No**

How did you hear about us? _____

EMERGENCY CONTACT:

Name: _____ **Relationship:** _____ **Telephone Number:** (____) __ __ __ - __ __ __ __

By signing this form, I am stating that the information I have given is true and complete to the best of my knowledge. I understand that this document is required for me to receive services through Neighborly Care Network, funded by the Area Agency on Aging of Pasco-Pinellas, Inc. and the Pinellas Suncoast Transit Authority's (PSTA's) Transportation Disadvantaged Program.

***APPLICANT'S SIGNATURE*:** _____ **DATE:** _____

WHY IS NEIGHBORLY CARE NETWORK COLLECTING YOUR SOCIAL SECURITY NUMBER?
Your social security number is confidential under law. We may not collect your social security number unless we explain to you in writing the reason we need it. Neighborly Care Network is collecting your social security number as part of its responsibility to conduct assessments. We will not use or give out your social security number for any other reason, including referrals to other agencies, unless you have signed a separate form consenting to the release of information to another agency. Neighborly Care Network's "Notice of Privacy Practices" is posted on our buses or may be requested by calling the number at the top of this form. If you feel the need to complain or wish to grieve your services, please call (727) 573-9444. Further, if you are dissatisfied with Neighborly Care Network's decision, you always have the right to appeal with the Area Agency on Aging of Pasco-Pinellas, Inc.

By returning this form you acknowledge that you have received a copy of the Notice of Privacy Practices (HIPAA) statement. 3/23