

**RIVER EDGE SENIOR TRANSPORATION**

**CLIENT REGISTRATION**

PLEASE **PRINT** ALL INFORMATION

DATE \_\_\_\_\_

**PERSONAL INFORMATION**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ I. \_\_\_\_\_

NUMBER & STREET \_\_\_\_\_

APT. NUMBER \_\_\_\_\_

TELEPHONE NUMBER – HOME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

NAME \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

NUMBER & STREET \_\_\_\_\_

APT/UNIT/SUITE NUMBER \_\_\_\_\_

CITY/STATE/ZIP CODE \_\_\_\_\_

TELEPHONE NUMBER – HOME \_\_\_\_\_

TELEPHONE NUMBER – WORK \_\_\_\_\_

TELEPHONE NUMBER – CELL \_\_\_\_\_

**MEDICAL INFORMATION**

NAME OF DOCTOR \_\_\_\_\_

STREET NAME & NUMBER \_\_\_\_\_

OFFICE/SUITE NUMBER \_\_\_\_\_

CITY/STATE \_\_\_\_\_

DOCTOR'S TELEPHONE # \_\_\_\_\_

**SPECIAL INSTRUCTIONS**

\_\_\_\_\_ Ambulatory                      \_\_\_\_\_ Use Wheelchair/Scooter                      \_\_\_\_\_ Use Cane(s)

\_\_\_\_\_ Use Walker/Rollator                      \_\_\_\_\_ Use Hearing Aid(s)                      \_\_\_\_\_ Has Aide

\_\_\_\_\_ Disability \_\_\_\_\_

\_\_\_\_\_ Other \_\_\_\_\_

**Please Return this Form to:**

**River Edge Senior Bus  
705 Kinderkamack Road  
River Edge, NJ 07661  
Attn: Senior Bus Office  
(201) 599-6277**

## SENIOR BUS INTAKE FORM

Please Check

White \_\_\_\_\_

Hispanic \_\_\_\_\_

Black/African American \_\_\_\_\_

Black/African American & White \_\_\_\_\_

Asian \_\_\_\_\_

Asian & White \_\_\_\_\_

American Indian/Alaskan Native \_\_\_\_\_

American Indian/Alaskan Native & White \_\_\_\_\_

American Indian/Alaskan Native & Black/African American \_\_\_\_\_

Native Hawaiian/Other Pacific Islander \_\_\_\_\_

Other Multi-Racial \_\_\_\_\_

**Please check One Income Category**

\_\_\_\_\_ **Low/Mod** (one person below \$40,600 or two below \$46,400)

\_\_\_\_\_ **Low** (one person below \$29,250 or two below \$33,400)

\_\_\_\_\_ **Extremely Low** (one person below \$17,550 or two below \$20,050)

Date \_\_\_\_\_

The County of Bergen has asked the Borough of River Edge to supply statistical information on the use of the Senior Van. Please fill out this form and return it with the registration form. There is no requirement to put your name on this form and the Borough will only be using the information supplied for statistical purposes. Thank you for your cooperation.