

# Hopewell Valley Rides Registration Form

*Must be a non-driver who is 60+ or has a visual impairment and lives in Hopewell Borough, Hopewell Township, or Pennington Borough to qualify for the program.*

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_

Town/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Day Phone \_\_\_\_\_

Email Address \_\_\_\_\_

I am a resident of Hopewell Township\_\_ Hopewell Borough\_\_ Pennington\_\_

Emergency Contacts:

1) Name \_\_\_\_\_ Phone \_\_\_\_\_

2) Name \_\_\_\_\_ Phone \_\_\_\_\_

Please check off which describes your current situation (all that apply):

I have never driven.

I do not own a car.

I have a visual impairment that prevents me from driving.

I have a disability/physical condition that prevents me from driving.

I am temporarily unable to drive due to surgery/disability/illness.

I only feel comfortable driving at certain times or very short distances.

Other: \_\_\_\_\_

Please check off any of the following that applies to you:

I use a cane, crutches, or walker.

I use an electric scooter/wheelchair.

I use a manual wheelchair.

I have an oxygen tank.

I travel with an aide/companion at all times.

I do not use an assistive device, but walk very slowly.

Any other medical conditions that would be helpful for us to know about: \_\_\_\_\_

None of the above

**Please return this form to:**

**Hopewell Valley Senior Services**

**201 Washington Crossing-Pennington Road • Titusville, New Jersey 08560**

**(609) 737-0605, ext. 692**

## Caregiver Registration Form

*If you will be traveling with a caregiver, please provide information about this person. They will not be charged to ride with you **only if they are registered**. Caregivers can be relatives or professional caretakers, like home care workers. If you will be traveling on your own, it is not necessary to complete this part of the application.*

Name of Caregiver\_\_\_\_\_

Name of Agency (if applicable)\_\_\_\_\_

Street Address\_\_\_\_\_

Town/State/Zip\_\_\_\_\_

Home Phone\_\_\_\_\_ Day Phone\_\_\_\_\_

Email Address\_\_\_\_\_

Emergency Contacts for Caregiver:

1) Name\_\_\_\_\_ Phone\_\_\_\_\_

2) Name\_\_\_\_\_ Phone\_\_\_\_\_