

Site:
(office use only)

Erie County Senior Van Transportation
Over 60 Participant Registration

Registration #
(office use only)

Date _____

All information given by participant on this form will remain **CONFIDENTIAL**.
Please complete the entire form.

Please Print

Name _____ Date of Birth _____ Age _____

Street _____ City _____ MI _____ NY, Zip _____

Telephone _____ Social Security # (optional) _____

Are you the spouse of another participant? No Yes If Yes, who? _____

Do you receive Medicaid? No Yes If Yes, CIN# _____

What is your monthly income? _____

EMERGENCY INFORMATION: In case of an emergency, whom shall we notify?	MEDICAL INFORMATION:
Name: _____	Physician's Full Name: _____
Address: _____	Address: _____
City: _____ Zip Code: _____	City: _____ Zip Code: _____
Relationship: _____ Phone _____	Physician's Telephone Number: () _____

Please answer **all** of the following questions. The purpose is to gather basic characteristics about the people we serve. Answering the questions will **NOT** affect your eligibility for receiving services.

1. Sex: Male Female
2. Are you a USA Veteran? Yes No
3. Are you? Married Single Widowed Divorced
4. Number of people living in household (including yourself) _____
5. Do you live alone? Yes No, with spouse No, with relatives No, with non-relatives
6. Race/Ethnicity: White, not Hispanic Hispanic or Latino Black, Not Hispanic
Asian American Indian/Alaskan Native Native Haw/Pac Islander Other
7. Do you consider yourself frail/disabled? ** Yes No
8. Do you use a wheelchair? Yes No

**A person who has a physical or mental disability which substantially limits one or more life activities.

Informed Consent to Capture and Record Personal Information (Aging Services)

I consent to the Erie County Department of Senior Services saving personal information provided by me or my authorized representative in the Statewide Client Data System maintained by the New York State Office for the Aging. This personal information may include, but is not limited to, medical records, employment records, government records, and any other information collected from me by Erie County Department of Senior Services.

I understand that this information is being collected to help in providing services and to identify other services which I may benefit from. I understand that the authority to provide these services and to collect my information for these purposes is found in the Older Americans Act and the New York State Elder Law.

I understand that, consistent with New York State's Personal Privacy Protection Law, my personal information will be treated as confidential and will not be disclosed without my further informed consent for disclosure.

I acknowledge that informed consent has been explained to me and that I understand the need for the information being recorded and that there are laws and regulations protecting the confidentiality of authorized information.

I understand that signing this authorization is voluntary. Refusal to do so may make it difficult to make referrals on my behalf. I have the right to revoke this authorization at any time, except to the extent that action has already been taken based upon this authorization, by writing to Erie County Department of Senior Services.

Signature

Date

Print