



# Suffield Mini Bus Member Registration Form

145 Bridge Street  
Suffield, CT 06078  
(860)668-3844

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Gender: Male  Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

P.O. Box: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Do you live alone?  Yes  No Are you a Veteran?  Yes  No

Marital Status:  Married  Single  Widowed  Divorced

Please list any Allergies: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION (provide up to 2 contacts)

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

## OTHER INFORMATION

Wheelchair:  Yes  No Primary Care Physician: \_\_\_\_\_

Physician's No.: \_\_\_\_\_

Special Assistance:  Yes  No

RELEASE: I understand and agree that the information contained on this form may be released for statistical purposes, and I agree to the release of information for that limited purpose only. I understand that any release of information in identifiable form must be accompanied by a signed consent form and that the information will not be used as an eligibility determination or effect participation as a recipient unless a law has specifically restricted program participation

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_