

MADISON COUNTY TRANSPORTATION AUTHORITY

PASSENGER REGISTRATION FORM

MT: ___ GT: ___ MEDICAID: ___ EDTAP: ___ RGP: ___ WORK TRANSPORT: ___ PROJECT ACCESS: ___

DATE OF REGISTRATION: _____

PASSENGER/CLIENT NAME: _____

ADDRESS: _____

TELEPHONE: _____

SOCIAL SECURITY: (LAST FOUR DIGITS) _____ DATE OF BIRTH: _____

MEDICAID NUMBER: _____

RACE: _____ (W-White, B-Black, I-Indian, A-Asian/Pac. Islander, H-Hispanic) SEX (M/F): _____

TELEPHONE NUMBER FOR EMERGENCY CONTACT: _____

SPECIAL NEEDS: WHEELCHAIR: ___ SCOOTER: ___ GERRY CHAIR: ___ WALKER: ___ CANE: ___

VISION: ___ HEARING: ___ INTERPRETAR SERVICES NEEDE: _____

MEDICAL: SEIZURES: ___ DIABETIC: ___ ALLERGIES: _____

PASSENGER SIGNATURE: _____ DATE: _____

MCTA REP. SIGNATURE: _____ DATE: _____

COMMENTS: _____

DIRECTIONS: _____

*PLEASE COMPLETE ALL PARTS OF THE FORM. WE NEED A CURRENT, CORRECT EMERGENCY CONTACT]NUMBER IN CASE AN EMERGENCY ARISES DURING TRANSPORT.