

METROWEST REGIONAL TRANSIT AUTHORITY CALL CENTER

15 Blandin Ave, Framingham, MA 01702

(508) 820-4650 ▪ Fax: (508) 935-2940

Sudbury Senior Center

Sudbury Connection Van

Verification Form (60 and older/disabled)

Please Provide the Following Information:

First Name: _____

Last Name: _____

Date of Birth: _____

Street Address: _____

Apt. Number: _____

City/Town: _____

State/Zip Code: _____

Phone #: _____

Emergency Contact: _____

Phone # _____ Relationship: _____

Secondary Contact (**optional**): _____ Relationship: _____

Phone # () _____

Please check off any Mobility Aids that you use:

- Manual Wheelchair
- Electric Wheelchair
- Powered Scooter
- Use of Van Lift Required
- Cane
- Walker
- Other: _____

Can you independently, safely and effectively travel to and from your destination?

- Yes
 - No (please explain): Ex. Will travel with an aide (PCA)
-

Please check if you are a Veteran { }, or an immediate family member of a Veteran { }

*****If you are under the age of 60 and applying with a disability please attach a doctor's note indicating a need for transportation.***

Rider Signature: _____ Date: _____