



Township of Woodbridge  
Department of Senior Services  
Transportation Services  
400 Inman Avenue  
Colonia, NJ 07067  
732-726-2394

### Senior Transportation Client Form

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_

**Proof of residency must be  
submitted with the registration form**

#### Special Requirements:

- Wheelchair (Must have a seat belt)     Walker/Cane     Scooter (Non MAV) Must transfer to a seat
- MAV (mobility assistance vehicle)
- Caregiver/aide (Must be registered) Senior Transportation client form must be complete and must provide photo ID

Please list one (1) Emergency Contact:

Contact Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

I certify that all the above information is true and accurate and agree to the terms of the Woodbridge Township Senior Transportation program provided to me in this guide.

\_\_\_\_\_  
Client Signature \_\_\_\_\_ Date

#### OFFICE USE ONLY:

|   |                                      |   |                  |
|---|--------------------------------------|---|------------------|
| <input type="checkbox"/> Bill           | <input type="checkbox"/> License     | <input type="checkbox"/> Caregiver/aide | Client ID: _____ |
| <input type="checkbox"/> Lease          | <input type="checkbox"/> Other _____ | <input type="checkbox"/> STOW form      |                  |
| <input type="checkbox"/> Bank Statement |                                      | <input type="checkbox"/> Photo ID       |                  |
| Items verified by: _____                |                                      |   |                  |
| Print Employee Name                     | Employee Signature                   | Date                                    |                  |