

Transportation Registration Record

First Name: _____ Middle Initial: _____ Last: _____

Date Registered: _____ Gender: Male Female

Date of Birth: _____

Note: I verify that my date of Birth (DOB) above is true and accurate. (Initial) _____

Phone Number: _____

Street Address: _____

City: _____ State: **OHIO** Zip code: _____ County: **OTTAWA**

Ethnic Race: Caucasian African-American Hispanic
 American Indian/Native Alaskan Asian Native Hawaiian/ Other Pacific Islander

Income Level: At or below poverty level Above poverty level

Live Alone: Yes No **Disabled:** Yes No

Emergency Contact

Name: _____ Daytime Phone: _____

Cell Phone: _____ Relationship: _____

Number of Vouchers Requested _____ (Not to exceed 20 vouchers)

**Please Do Not give your vouchers to anyone. Return all unused vouchers to Senior Resources.
We reserve the right to decline your application for OCTA vouchers if these guidelines are not followed.**

Disclosure Statement

The participant registration form was developed to assist the Ohio Department of Aging to monitor the effectiveness of senior programs offered to the citizens of Ohio. Any participant information obtained from this form will be kept confidential and no personal identifying information (e.g., name address, phone number, etc.) will be released to the public without written consent, or unless otherwise required under federal law.

The data collected (age, gender, race, and low income status) will be forwarded to the Area Agency on Aging and the Ohio Department on Aging; summarized and reported to the Administration on Aging (AoA) in order to keep both state and federal legislators informed on the effectiveness of senior programs. As required by the 1992 Older Americans Act participants are asked to complete this form in full. No participant may be denied services for refusing to provide any of the information requested. If you have any further questions, do not hesitate to contact Ottawa County Senior Resources why the release is necessary.

Participant Signature

Date

IF YOU FEEL YOU HAVE NOT RECEIVED QUALITY SERVICES OR HAVE BEEN DENIED SERVICES FOR WHICH YOU ARE ELIGIBLE, PLEASE CONTACT OTTAWA COUNTY SENIOR RESOURCES TO RECEIVE INFORMATION ON OUR COMPLAINT PROCEDURE. IF YOU ARE STILL DISSATISFIED YOU MAY CONTACT THE OMBUDSMAN PROGRAM THROUGH ABLE AT 1-419-255-0814 OR THE ADDRESS IS 520 MADISON STREET, 740 SPITZER BUILDING, TOLEDO, OHIO 43604

**Please return this form to
Ottawa County Senior Resources,
8180 West SR 163, Oak Harbor, OH 43449
or Fax form to 567-262-3617**