



FOLSOM STAGE LINE • DIAL-A-RIDE REGISTRATION FORM

NAME _____
Last First Middle

ADDRESS _____

BIRTHDATE _____ AGE _____

PHONE (Home) _____ (Cell) _____

DOCTOR'S NAME _____ PHONE NUMBER _____

EMERGENCY CONTACT _____ PHONE NUMBER _____

RELATIONSHIP _____ PHONE (OTHER) _____

Please check any of the following that may pertain:

_____ Walker	_____ Cane	_____ Wheel Chair
_____ Crutches	_____ Oxygen Tank	_____ Hearing Aid
_____ Blind	_____ Pace Maker	_____ Slow Mobility
_____ Needs Personal Care Attendant (You must provide your own)	_____ Other (note below)	

Please note any other disability you may have: _____

Additional Information: _____

SIGNATURE: _____

DATE: _____

Office use

ADA Qualification:

☐ Not Qualified
☐ Qualified ☐ Type 1
☐ Type 2
☐ Type 3
☐ Type 4

**INFORMATION: (916) 355-8347 / FAX (916) 355-8362 / www.folsom.ca.us
50 NATOMA STREET • FOLSOM, CALIFORNIA 95630**