



Society for Seniors Caring About Seniors

MEMBERSHIP REGISTRATION

Personal Information

Name (First/Last) _____

Phone # Day _____ Night _____ Cell _____

Primary Email Address _____ Secondary _____

(Please circle best means of contact)

Date of Birth: mm/dd/yr _____ Gender: M F

Ethnicity Caucasian Aboriginal Immigrant/Refugee Other

Spoken Language _____

English Literacy Fluent Functionally Literate Illiterate/Needs Interpreter: Yes No

Spouse Name (if applicable) _____

Please also complete a membership application for your spouse if you both need rides)

Household Information

Address _____

Street

Apt #

City

Postal Code

Buzzer # _____ Apartment Name/Other _____

Living Situation Alone Married Family Friend Senior Building

Income Annual Gross Income (Line 150 of Tax Return): _____

(Office Use) Eligible for Subsidy Low Income Market Rate

Financial Hardship _____

Emergency Contact

Name _____ Phone _____ Relationship _____

Email address _____

Name _____ Phone _____ Relationship _____

Email address _____

Health Information/Barriers

Please check all conditions that affect your mobility or safety with a volunteer driver:

- Respiratory Problems Motor Functions (stroke, arthritis, broken bones)
- Vision Hearing Cognitive Functions (confusion, Alzheimer's or dementia)
- Social/Cultural (e.g. new to Canada, do not speak English, fear of getting lost)

Please check all the mobility aides that you use

- Cane Walker Wheelchair Scooter Oxygen Tank
- Service Animal Attendant/person accompanying you _____

DATS Membership: Yes No _____

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Disability Placard Yes No Expiry Date: _____ # _____
Are you still driving? Yes No seasonally (Not in the winter season)

Services Needed

Transportation Housekeeping Yard work Snow Removal Handyman
 Companionship Other _____

Is there anything else we need to know?

How did you hear about us?

Family/friends Health Providers 211/311/Sage Directory
 Volunteer Driving Org. Media _____ Outreach Worker
 Other _____

Note that your personal information travels too:

If you have any questions about the collection, use, disclosure of personal information by a service provider please contact our office.

The signature below indicates that you agree that the information you provided is true, that you allow your information to be shared and that you will not take legal action against the SSCAS or their volunteers.

Senior Name _____

Signature _____ **Date:** _____

Office Use Only

Membership ID# _____ Date Joined _____

Membership Type Single/Individual Couple

OFFICE USE ONLY

Transportation Usage Information:

How often do you use each type of transportation to get where you want to go? Please check one column for each type.

	About 3 or more times a week	About 1 time a week	About 1-3 times a month	Every once in a while	Never
Walk					
Your own private vehicle					
Taxi					
Family/Friend vehicle					
ETS Bus or LRT					
DATS					
Private company (Driving Miss Daisy, Care					

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for a Ride, etc.)					
Volunteer Driving Org (SATS, SSCAS, LHHSA)					
Other: _____					

In the last three months, how often have you not scheduled a medical appointment because you did not have a ride?

- Never Sometimes Often Not Applicable

In the last three months, how often have you been unable to shop for groceries because you did not have a ride?

- Never Sometimes Often Not Applicable

In the last three months, how often have you been unable to get together with family because you did not have a ride?

- Never Sometimes Often Not Applicable

In the last three months, how often have you been unable to get together with friends (e.g. attend social functions) because you did not have a ride?

- Never Sometimes Often Not Applicable

In the last three months, how often have you been unable to go to program activities because you did not have a ride?

- Never Sometimes Often Not Applicable

Tell me more. What stopped you from having a ride?

What has been the impact from **not** having a ride to get where you needed to go?

What would help you in getting where you needed to go?
