

Pawling Resource Center 2021 Transportation Client Intake Form

Date:
Name:
Address:
Phone number(s):
Email address, if used:
Date of birth:
Emergency contact name and phone:
Use a walker or ambulatory device:
Any special needs:
Defined by the New York State Office for the Aging: Low income
Low income minority
Live alone
White
American Indian/Alaskan Native
Asian
Native Hawaiian/Pacific Islander
Hispanic
Black