

Stillwater Area Community Services Center Inc.

Where Neighbors Come Together...



Box 536 19 Palmer Street

Stillwater NY, 12170

Phone 518-664-2515

Fax 518-664-3590

www.stillwaterareacommunitycenter.org

Request and Registration for Medical Transportation

(All areas must be filled-out and signed below)

Name: _____ Date of Birth: _____

Address: _____ Phone Number: _____

City: _____ Zip Code: _____

Do you live alone? Yes No Do you receive Medicaid? Yes No
Are you Frail or Disabled? Yes No Do you require cane/walker/wheelchair

Do you have any special needs?

Emergency Contact

(This person should be local, does not need to be a family member, someone who knows where you should be)

Name: _____ Relationship: _____

Address: _____ Phone #: _____

Primary Doctor: _____ Phone #: _____

Other Doctors: _____ Phone #: _____

If you are planning to visit a doctor located OUTSIDE of Saratoga County, please provide Name, address and phone number of the doctor. Please, us the back of the page if necessary.

Doctor: _____ Phone #: _____

Address: _____

I understand that I must be able to access the vehicle without assistance (does not apply to wheelchair clients).

Signature: _____ Date: _____

**Please insure clean hygiene and grooming standards are adhered to on the days of transportation.