



INFORMATION TECHNOLOGY • City Hall • 1140 Terex Road • Hudson, Ohio 44236 • (330) 650-1799

City of Hudson Senior Transportation Program Application

Scheduling is available Monday, Wednesday, and Friday from 9:00 AM to 4:00 PM
This program cannot accommodate wheelchairs.

Personal Information

Full Name _____

Phone Number _____ Date of Birth _____

Full Address: _____

Do you use a walker? Yes No Do you use a cane? Yes No

Emergency Contact

Name of Emergency Contact _____

Full Address: _____

Phone Number _____ Relationship _____

Medical Information

Physician _____ Phone _____

Hospital _____ Allergies _____

Medical Conditions _____

I understand that the information provided in this application may be released to a hospital, physician, or emergency medical services agency in the event of a medical emergency to assist in delivering appropriate care. If I am applying due to a permanent disability, I acknowledge that the required documentation must be submitted at the time of application for review.

This information is provided voluntarily for my benefit, and I accept responsibility for its accuracy. I have read and understand the policies of the City of Hudson Senior Transportation Program.

Signature: _____ Date _____

For Office Use Only:

Date Received: _____ Received By: _____

Approved by: _____ Denied? Y N Reason: _____