

# WEST LINCOLN COMMUNITY CARE



CARE FOR A RIDE

## Passenger Information

Full Name: \_\_\_\_\_ Date of Birth:  DD  MM  YY  
Phone Number: \_\_\_\_\_ Gender: ☐ Male ☐ Female ☐ Other  
Email Address: \_\_\_\_\_ Address: \_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

### 2nd Emergency Contact

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Phone & Email: \_\_\_\_\_

### Check all that apply:

- ☐ carry oxygen ☐ use a cane ☐ will have equipment/supplies with me ☐ a service animal will accompany me  
☐ use a walker ☐ will have a companion with me ☐ use a wheelchair, but am self sufficient to load/unload

### Please list any notes, special instructions or questions:

I am a registered WLCC client

☐ Yes ☐ No

I am not a client, but low income - income proof attached

☐ Yes ☐ No

I am interested in other WLCC services and programs

☐ Yes ☐ No

## Passenger Agreement

Transportation is based on availability of drivers. We will provide confirmation to you.

We request 7 days notice to arrange transportation.

Rides are at no cost to passengers.

Passengers are responsible for the cost of parking unless you are a registered client of WLCC.

Passengers must wear their seat belt unless they have a medical exemption paper.

## To Book a Ride: Call 905-957-5882, ext 29

Signature: By signing below, I confirm that the information provided is accurate to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

📞 905-957-5882

📍 2660 Industrial Park Rd, Smithville

🌐 [www.westlincolncc.com](http://www.westlincolncc.com)