



Town of Carlisle Council on Aging Registration form for the Carlisle Transportation Services Livery Voucher Program

Name _____

Date of Birth _____ Age _____ F M

Address _____ Apt # _____

Town _____ Zip _____

Phone: (____) _____ Email: _____

Emergency Contact Information

Name _____ Relationship _____

Phone (____) _____ Alternate Phone (____) _____

I understand and acknowledge that use of the Carlisle Transportation Services Voucher Program is intended for those Carlisle residents who are disabled or are age 60 and older. Residents who are otherwise mobility challenged, even on a temporary basis may also be eligible.

This information is true and complete to the best of my knowledge. I authorize the use of this information by representatives of the Council on Aging Department of the Town of Carlisle for the purposes of program registration and determination of eligibility. I understand that deliberately providing false information may jeopardize the receipt of services. Furthermore, I agree to hold the Town of Carlisle free and harmless from and against all claims, damages, losses, and expenses incurred as a result of or in any way arising from, relating to, or connected with the Carlisle Transportation Services Livery Voucher Program.

Signature of Applicant: _____ **Date:** _____

Disclaimers

Carlisle Transportation Services vouchers have no cash value and are nonrefundable. They are redeemable only as full payment for a qualified, one-way trip with Flow Transportation Services, LLC (multiple stops may be additional and, as with waiting times, must be arranged directly with the program vendor, Flow Transportation). Vouchers are non-transferable and may not be given to anyone else. They must be used by the person under whose name they were purchased. Lost vouchers are the responsibility of the owner; they will not be replaced.

Staff Initials: _____	<u>COA Program</u> <u>Registration #</u>	Staff Comments: _____
Date Entered: _____	_____	_____