This form can be submitted to the front desk at the Jewish Alliance, filled out on the phone at 401.421.4111 ext. 411, or mailed to 401 Elmgrove Avenue, Providence, RI 02906, ATTN: Access: Senior Transportation.

First Name: __________________________  Last Name: __________________________

Home Address: ________________________________________________________________

City: __________________________ State: _______ Zip Code: ________________

Home Phone: __________________________ Cell Phone: __________________________

Date of Birth: __________________________ Gender:  □ Male  □ Female

Please sign below to confirm that you have read this section and agree to the terms.

Access: Senior Transportation is intended for financially vulnerable Jewish individuals who live in Rhode Island. These individuals must be 65 years of age and older or have an ADA-recognized disability. This service does not currently accommodate wheelchairs. The cost to purchase each booklet is $10.00. Each voucher booklet contains 10 vouchers. Access: Senior Transportation is not an emergency service, if you need emergency assistance, call 911 immediately.

Signature: __________________________________________  Date: ________________

Printed Name: ________________________________________________________________

Someone from the Jewish Alliance will be in touch with you.

If you need further assistance, visit AccessJewishRI.org or call 401.421.4111 ext. 411