

METROWEST REGIONAL TRANSIT AUTHORITY CALL CENTER

15 Blandin Ave, Framingham, MA 01702

(508) 820-4650 ▪ Fax: (508) 935-2940

TTY (508) 935-2242

Sudbury Council on Aging
Age Verification Form (60 and older/disabled)

Please Provide the Following Information:

First Name: _____

Last Name: _____

Date of Birth: _____

Street Address: _____

Apt. Number: _____

City/Town: _____

State/Zip Code: _____

Phone #: _____

Emergency Contact: _____

Phone # _____

Secondary Contact (*optional*): _____ Relationship: _____

Phone # () _____

Please check off any Mobility Aids:

- Manual Wheelchair
- Electric Wheelchair
- Powered Scooter
- Lift Required
- Cane
- Walker
- Other: _____

Can you independently, safely and effectively travel to and from your destination?

- Yes
 - No (please explain): Will travel with a PCA
-

Please check if you are a Veteran { }, or an immediate family member of a Veteran { }

*****If you are under the age of 60 and applying with a disability please attach a doctor's note indicating a need for transportation.***

Customer Signature: _____

Date: _____