

PASSENGER/RECIPIENT APPLICATION



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Today's Date \_\_\_\_\_

Name: Last First M.I. Date of Birth: MO / DAY / YEAR M/F

Address: Street Number Street City/State Zip Code

Phone where I can be reached: Number Cell Phone

Email Address: \_\_\_\_\_

Landlord if renter: Name and Number Cell Phone

Total number of people who live in my household, including myself: Lifeline? Provider:

Marital Status: Do you have a File of Life?

Would you like assistance to fill it out?

How did you hear about PROJECT 5? \_\_\_\_\_

EMERGENCY CONTACT

EMERGENCY CONTACT (More space on back)

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Relationship KEY? \_\_\_\_\_

Relationship KEY? \_\_\_\_\_

Phone No. Home Work

Phone No. Home Work

Cell Phone email address

Cell Phone email address

May we have your permission to contact your adult children soon to inform them of who we are and how we work?

Response: Initials:

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Primary Care Physician's Name, Address and Phone Number: \_\_\_\_\_

Hospital Preferred: \_\_\_\_\_

Do you have a POA? \_\_\_\_\_

Do you have a Health Care Proxy? \_\_\_\_\_

Would you like more information on either? \_\_\_\_\_

Are you a Veteran? \_\_\_\_\_; Photo I.D. \_\_\_\_\_; V.A. Team: \_\_\_\_\_

Do you have any Pets? \_\_\_\_\_; Veterinarian: \_\_\_\_\_

Temple Affiliation: \_\_\_\_\_

May we let your Rabbi you're a member of PROJECT FIVE? Response: \_\_\_\_\_

Initials: \_\_\_\_\_

Do you drive? Yes \_\_\_\_\_ No \_\_\_\_\_; During the day? \_\_\_\_\_; At night? \_\_\_\_\_

I have the following Medical Conditions and/or Physical Limitations that a driver should know: \_\_\_\_\_

May we publicize your name and/or photo to promote our volunteer transportation program? \_\_\_\_YES \_\_\_\_NO

Additional Emergency Contacts:

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_ KEY? \_\_\_\_\_

Relationship \_\_\_\_\_ KEY? \_\_\_\_\_

Phone No. \_\_\_\_\_

Phone No. \_\_\_\_\_

Home

Work

Home

Work

Cell Phone

email address

Cell Phone

email address

I UNDERSTAND THE WAY PROJECT FIVE WORKS AND WOULD LIKE TO RECEIVE THE SERVICE.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Witness Name

\_\_\_\_\_  
Signature

Date

\_\_\_\_\_  
Witness Signature

Date

Revised: 01/05/21