LOURIE CENTER

WHEELS

Five Points/Northeast Wheels Rider Information

Lourie Center • 1650 Park Circle • Columbia, SC 29201 • 803-779-1971

Name _____ **Date of Birth** _____

Ethnic Background - Please Circle: African American Asian Caucasian Other: _____

Gender: _____**Female** _____**Male**

Address _____ **City** _____ **Zip** _____

Community _____

Phone _____ **(home)** _____ **(cell)**

Check all boxes that apply:

- ❑ **Senior without transportation**
- ❑ **Adult with a disability and without transportation**
- ❑ **Senior with a disability and without transportation**
- ❑ **I live in a community care home**

Emergency Contacts:

1. Name _____ **Phone** _____

Address _____ **City** _____ **State** ____ **Zip** _____

Relationship _____

2. Name _____ **Phone** _____

Address _____ **City** _____ **State** ____ **Zip** _____

Relationship _____

Your primary destinations:

#1_____ **#2** _____ **#3**_____

Wheels' volunteer drivers need to be aware of my following medical conditions:

_____

By signing this rider's information form, I attest that the information I have given Wheels Transportation Program is correct, complete and I agree to cooperate with the volunteer driver's safety request.

Signature_____ **Date** _____