



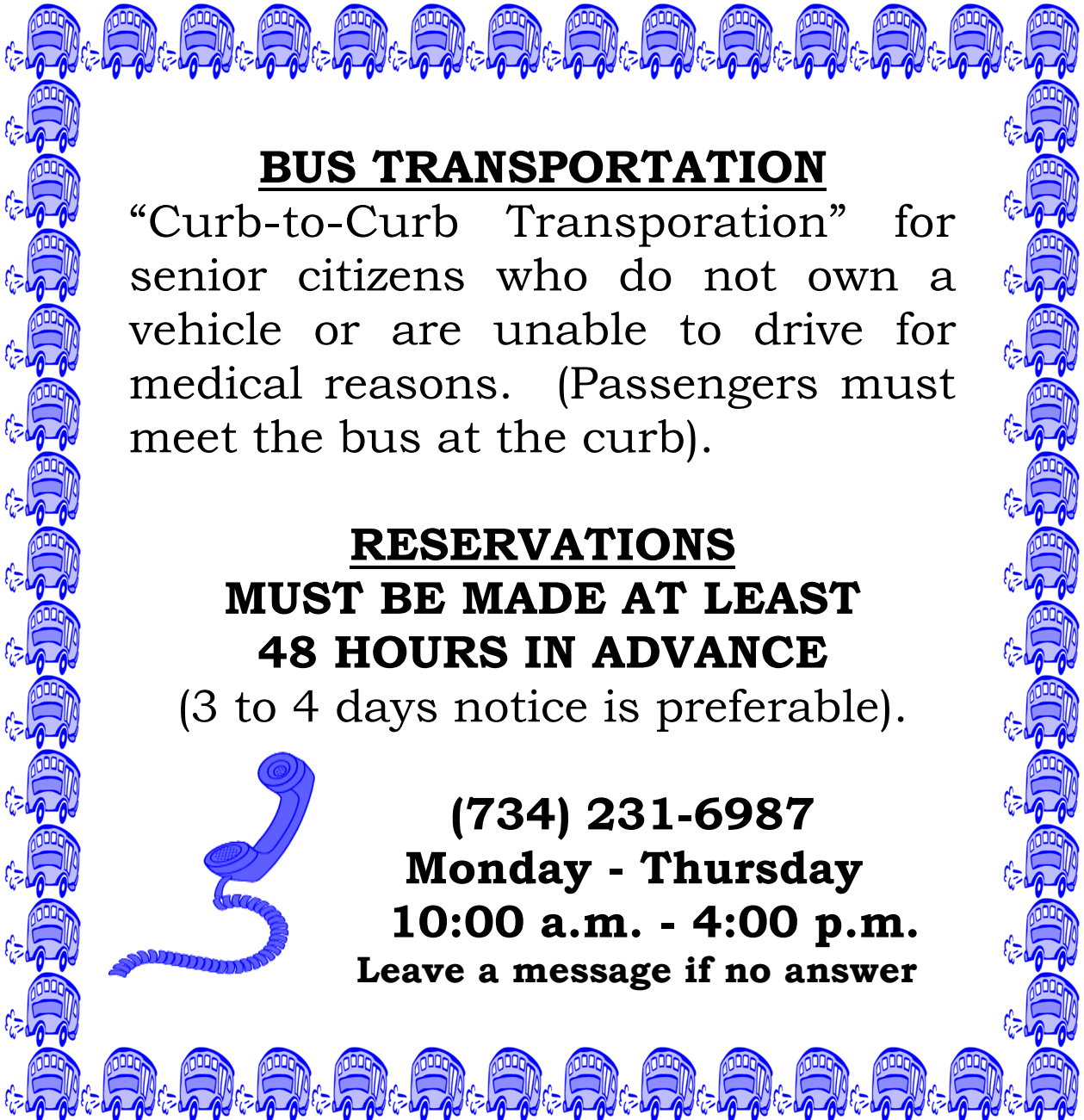
Woodhaven Parks & Recreation  
**Transportation Program**  
(734) 231-6987

- PURPOSE:** To provide a means of transportation for senior citizens and residents who are unable to drive for medical reasons.
- ELIGIBILITY:** Woodhaven residents age 62 or older  
Under age 62, disabled and unable to drive due to medical reasons.
- HOURS OF OPERATION:** Daily Transportation Service  
9 a.m. - 4:00 p.m: Monday-Thursday
- SCHEDULE:** Only prescription pick-ups and/or doctor appointments are considered to be essential and will be given priority at all times for determining the transportation availability.
- ROUTE SERVICE:** Woodhaven city limits and when necessary, service to hospitals or doctors outside this radius which will be determined by the number of Woodhaven residents being serviced by the physician or facility.
- SERVICE AREA:** Entire City of Woodhaven  
North - Telegraph Road to Northline Road; East to West Jefferson; South - to Vreeland Road; West to Telegraph Road.
- RESERVATIONS:** Each request for transportation **MUST** be made **AT LEAST** 48-hours prior to need (with 3 to 4 days notice preferred). Reservations may be made by contacting the drivers at: (734) 231-6987
- RESPONSIBILITY:** The Woodhaven Recreation Department waives all responsibility for any injury a person may incur while being transported by the bus. Any person riding on the bus must sign an injury waiver card prior to usage.

**NOTE: THE BUS MUST BE BACK TO THE COMMUNITY CENTER AT 4:00 P.M.**



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**BUS TRANSPORTATION**

“Curb-to-Curb Transportation” for senior citizens who do not own a vehicle or are unable to drive for medical reasons. (Passengers must meet the bus at the curb).

**RESERVATIONS**

**MUST BE MADE AT LEAST  
48 HOURS IN ADVANCE**  
(3 to 4 days notice is preferable).



**(734) 231-6987**  
**Monday - Thursday**  
**10:00 a.m. - 4:00 p.m.**  
**Leave a message if no answer**



Parks and Recreation Transportation Program
"Woodhaven on Wheels"
734-231-6987

SENIOR/DISABLED APPLICATION/EMERGENCY MEDICAL ID FORM

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PHONE #: \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DOCTOR'S

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

PLEASE LIST ANY HEALTH PROBLEMS/CONDITIONS THAT YOU HAVE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE LIST ANY MEDICATIONS THAT YOU ARE CURRENTLY TAKING.

DO YOU HAVE ANY DRUG ALLERGIES AND/OR SENSITIVITIES?

Please check the statement(s) that pertain to you:

- \_\_\_ I am age 62 or older and able to drive.
\_\_\_ I am age 62 or older and unable to drive.
\_\_\_ I am confined to a wheelchair.
\_\_\_ I am under age 62, disabled and unable to drive due to medical reasons.

\*If you check this option, you must send documentation from your health care provider stating that you have a disability That causes you to be unable to drive.

\_\_\_ I am unable to travel unassisted and must bring a caregiver/companion with me.

\*The caregiver/companion must complete a medical ID form.

In the event of an emergency, I hereby give the holder of this information to seek the proper medical attention. In consideration of the acceptance of my registration in the above program/trip, I do hereby, for myself, my heirs, executors, and administrators, waive, release, and forever discharge any and all rights and claims for damages which I may have or which hereafter accrue to me against all municipalities, special districts, and properties through which the program/trip will be held or its or their respective officers, instructors, administrators, successors, and/or assign for any and all damages which may be sustained or suffered by me in connection with my said association with the above program/trip and my participation therein. I further represent that I am in good physical condition and have no disability or ailment that will prevent me from engaging in the activity for which I am registered.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_