



COASTAL COMMUNITY CENTER

180 Marine St, St. Augustine, FL 32084

904-209-3647

Request Status (please check applicable):

<input type="checkbox"/> NEW REQUEST	<input type="checkbox"/> UPDATED REQUEST	<input type="checkbox"/> CANCELED REQUEST
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Notes:

Subscription Details (please circle all applicable)

MON	TUES	WED	THURS	FRI
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Start Date:		End Date:
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Client Details

LAST Name:	FIRST Name:
Date of Birth: ____ - ____ - ____	SS#: ____ - ____ - ____
Address:	City:
State: Zipcode:	Contact #:
Mobility (check one): <input type="checkbox"/> Ambulatory <input type="checkbox"/> Walker (but requires a lift) <input type="checkbox"/> Wheelchair (Regular) <input type="checkbox"/> Wheelchair (Motorized) <input type="checkbox"/> Wheelchair (Extra-Wide) <input type="checkbox"/> Wheelchair (Extended-Leg) <input type="checkbox"/> Scooter (Note: Clients must be able to operate themselves)	Gender (check one): <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE Emergency Contact Name: Emergency Contact #:
Bill to the following Funding Source:	Notes:

Senior Center Coordinator:

Sign.:	Date:	<input type="checkbox"/> Seeking Approval
Return Fax #:	Time:	<input type="checkbox"/> Approved
Notes:		<input type="checkbox"/> Not Approved

Transportation Dept. Representative:

Sign.:	Date:	<input type="checkbox"/> Seeking Approval
Return Fax #:	Time:	<input type="checkbox"/> Approved
Notes:		<input type="checkbox"/> Not Approved