



Sally's Fund Services Consent Form for Transportation

Sally's Fund provides escorted transportation services for Laguna Beach residents 60 years of age or older and disabled residents of all ages. We provide transportation to the senior center for classes and the lunch program. We also transport seniors within a 30-mile radius to Medical Appointments, Grocery Shopping, Errands, Afternoon Outings and Home and Hospital Visits.

Photo ID required

Participant Name: _____ **Date of Birth:** _____

Address: _____

Phone: _____ **E-mail:** _____

Emergency Contact _____ **Phone** _____

Consent for Services

I, the undersigned, hereby consent to receive the following services and/or referrals provided through Sally's Fund:

_____ Care Management/Service coordination (Including assessment, referral to community resources, supportive counseling)

_____ Transportation – Medical/Shopping/Errands

_____ Medical Equipment Loans

No scooters allowed.

Sally's Fund is an ADA approved transportation organization.

1. Do you have any physical or functional limitations?
2. Do you require a mobility device or special equipment for transport?

If yes, please check all that apply:

- Cane Walker Wheelchair Scooter Oxygen Other

If yes, are you able to enter/exit the vehicle without your mobility device?

3. Will a personal care attendant or assistant be traveling with you? Yes No
4. Do you require door-to-door assistance? Yes No
5. How often do you anticipate needing to use the Transportation Service?
 weekly monthly other

The following information does not affect eligibility:

What is your main spoken language? _____

Waiver of Liability

_____ *(Please initial, required)*

I, the undersigned, hereby release, indemnify and hold harmless Sally's Fund and any of their officers, clients, agents, employees or volunteers from any liability of claim or action for damages in any way arising out of the participation in this program by the person (s) listed below.

Name _____

Signature (required) _____ Date _____

Witness (Sally's Fund Staff) _____ Date _____

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