

City of Sunrise

Medical Transportation Guidelines

To be eligible for medical transportation you must:

- Be a City of Sunrise resident
- Be 62 years of age or older, or physically disabled and qualified by the City of Sunrise social worker
- No longer able to drive, or to maintain a vehicle in their immediate household
- Complete and return a Medical Transportation Registration Form

General Information:

- This is a free service
- There is a limit of 3 trips per week per client.
- Drivers are not permitted to accept any tips.

Medical Office Location Boundaries:

- North to Sample Road between Coral Springs Drive and Riverside Drive
- East to 441 between Commercial Blvd. and Peters Road
- South to Peters Road between Pine Island Road and 441
- West to Weston Road between State Road 84 and Griffin Road

Scheduling Appointments:

- Appointment books will open the 10th of each month for clients to schedule appointments for the entire next month.
- You must make appointments at least one week in advance, (based on availability).
- Call Transportation Office between 9:00 a.m. – 2:30 p.m. only to schedule your transportation appointment.
- You may make up to three appointments per call/day.
- Be sure to make your doctor's appointment no earlier than 8:30 a.m. Your doctor's visit must be completed no later than 2:30 p.m. or you will need to make alternate arrangements for transportation home.
- If you use a wheelchair or scooter you must advise us when you make your appointment so that we will send the appropriate vehicle.
- Only people we take to a doctor's appointment can be transported home by us.
- **The number to call is 954-746-3676**
- Please call us ASAP if you have to cancel an appointment.

Appointment Day Information:

- You must be waiting outside your home or condo building when being picked up for your appointment.
- When you are ready to return home, **have the doctor's office call the dispatch office at 954-746-3677.**

You will be contacted by phone to inform you if your application has been approved.

This program is funded in part by a grant from the United States Department of Housing and Urban Development.



Medical Transportation Registration

Name: _____

Address: _____ Zip Code: _____

Building No. _____ Apt. No. _____ Name of Complex _____

Telephone No _____ Marital Status _____

Date of Birth: _____ Age: _____ Do you have a vehicle in your household? Yes No

Do you use: Wheelchair Cane Walker Crutches Scooter OR None

Other (please specify) _____

Emergency Contact

Name: _____ Phone Number: _____

Additional Information If Necessary: _____

Applicant Self-Certification

Please check box 1 or 2 below indicating the reason why you are seeking Medical Transportation

1 I hereby certify that I am at 62 years of age or older and currently a City of Sunrise resident.

OR
2 I hereby certify that I am under 62 years of age, have a physical disability and currently a City of Sunrise resident.

Please check the box below indicating that you received the Medical Transportation Guidelines.

I hereby certify I have received and agree to follow the program guidelines

Applicant Signature: _____ Date: _____

**Please return completed forms to:
Sunrise Senior Center Attn. Medical Transportation
10650 West Oakland Park Boulevard
Sunrise, FL 33351
Or email to KOsborn@sunrisefl.gov**

Official Use Only:

Registered by: _____	Approved By: _____
Signature	Signature
<input type="checkbox"/> Not Approved Reason: _____	<input type="checkbox"/> Applicant Notified of Status <input type="checkbox"/> Card Typed