

RIDER Application

Name: _____

Email Address: _____

Address: _____

City: _____ Zip _____

Phone/Home: _____

Phone/Cell: _____

Date of Birth: _____

Gender: _____

Marital Status: _____

Do you reside in Fairfield Glade? Yes _____ No _____

Do you have a medical condition preventing you from driving? Yes _____ No _____

Explain: _____

Are you visually impaired? Yes _____ No _____

Explain: _____

Are you able to get in/out of a car with minimal assistance? Yes _____ No _____

Do you require the use of a wheelchair? Yes _____ No _____

- There is a one-time nonrefundable \$35 membership fee.
- Round trip cost for any Crossville appointments: \$6
- Round trip cost for medical-only Cookeville appointments: \$10

Please return this application to below: *in-person* or *via email*:

Fairfield Glade Resident Services (FGRS)

4929 Peavine Road, Suite 102

Crossville, TN 38571

Email to: info@fgrservices.org

When application is received, FGRS will contact you to set up an interview.