

APPLICATION FOR BERKELEY RIDES FOR SENIORS & THE DISABLED

1900 Sixth Street, Berkeley, CA 94710 ♦ (510) 981-7269

Please use this application if you are a BERKELEY resident. East Bay Paratransit, the ADA Para-transit service operator for Alameda County, requires a separate application.

For assistance completing this form, contact:

Berkeley Rides for Seniors & the Disabled at (510) 981-7269 or your local Berkeley Senior Center
North Berkeley Senior Center (510) 981-5190 South Berkeley Senior Center (510) 981-5170

Name: _____
Last First Middle Initial

Daytime Phone: (____) ____ - ____ Cell Phone: (____) ____ - ____

Evening Phone : (____) ____ - ____ TDD/TTY: (____) ____ - ____

Home Address: _____
Street Address Apt. # City Zip

Name of Housing Facility (if applicable): _____

Birth Date: ____/____/____ Male Female

Emergency Contact Person: _____

Relationship to you: _____ Daytime Phone: (____) _____

Cell Phone: (____) _____ Evening Phone: (____) _____

- What is your living arrangement? Live alone Live with spouse / partner
 Live with adult children Live in a skilled nursing facility / nursing home
 Live in assisted living / residential care home Other: _____

Have you been certified as eligible for rides with an ADA paratransit service?

(i.e. East Bay Paratransit; Wheels Dial-A-Ride; Union City Paratransit)

Fully eligible Conditionally eligible, RIDER IDENTIFICATION #: _____

Not eligible / Denied Have not applied Don't know

Do you use any of the following mobility aids for specialized equipment?

- Cane White Cane Walker Manual wheelchair Power wheelchair
 Power scooter Service animal Portable oxygen tank Other: _____

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Do you need a wheelchair lift to get in and out of a vehicle? YES NO Don't know

Do you typically travel with assistance from another person (other than a driver)?

YES NO

If applicable, please describe your disability or disabling health condition - check all that apply:

Auditory Cardiac Cognitive Disorder Diabetes Physical disorder

Pulmonary Seizures Speech disorder Visual Disorder

Other: _____ (Please explain)

Is the condition described above Permanent Temporary, until: _____

If applicable, explain how your disabling condition prevents you from using public transit such as buses or BART:

If you need future information provided to you in an accessible format, please check which format you prefer: Large print Audiotape Braille CD / Electronic File

The demographic information below is intended to ensure individuals have equitable access to the City's services. Your responses will not affect your acceptance into the program.

1. Self-identify your race/ethnicity:

- | | |
|--------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> African American | <input type="checkbox"/> Filipino |
| <input type="checkbox"/> Native American | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> White not Hispanic | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Two or more races _____ | |
| <input type="checkbox"/> Other _____ | |

2. Check the primary language used in your household:

- | | |
|--------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Filipino or Tagalog |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Mandarin | <input type="checkbox"/> American Sign Language |
| <input type="checkbox"/> Other _____ | |

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3. Please check your annual household income group:

- \$0 - \$41,000
- \$41,001 - \$62,000
- \$62,001 - \$74,000
- \$74,001-\$95,000
- \$95,001 - \$123,000
- \$123,001 - \$148,000
- \$148,000 +

DOCUMENTATION REQUIREMENTS

Please attach ALL of the required documents listed below. Photocopies are accepted.

PROOF OF....

- RESIDENCY** (Must be current. *NO older than 2 months.*)
 - A utility bill that has your name on it, such as: PG&E; telephone bill; or a bank statement
- AGE** (Attach a copy of one (1) of the following)
 - Photo ID, such as: Driver's license; passport; or Military ID
- If applicable, **PROOF OF EAST BAY PARATRANSIT CERTIFICATION**
 - For clients UNDER the age of 70 or those who need to use a van with a wheelchair lift or ramp
East Bay Paratransit ID#: _____
Call (510) 287-5000 if you need to apply to East Bay Paratransit

I affirm that the information and statements made in this application are true and correct to the best of my knowledge and belief. I understand that knowingly falsifying information will result in denial of service. I give the City of Berkeley permission to contact me about my paratransit service experience and to verify my enrollment with East Bay Paratransit, Wheels Dial-A-Ride, and/or Union City Paratransit. I understand that my application information will be kept confidential; only information required to provide service or verify service quality will be disclosed under any circumstances.

APPLICANT'S SIGNATURE

DATE

Name of the person who assisted you with this application: _____
Daytime Phone: (_____) _____ - _____

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NOTE: APPLICATION PROCESSING TIME IS 2 TO 3 WEEKS

Please return completed application to:

Berkeley Rides for Seniors & the Disabled

1900 Sixth Street

Berkeley, CA 94710

~FOR STAFF USE ONLY~

Temporary Disability **Visually Impaired** **Student**

Family Household Size _____

Proof of Age _____

Proof of Income _____

Taxi Program Enrollment _____

Total Annual Income _____

Monthly Income _____

Proof of Address _____

Van Enrollment _____

EB Paratransit Cert _____

Age _____

Staff Approval Date: _____

Supervisor Approval Date: _____