

Health, Housing & Community Services
Aging Services Division

BERKELEY RIDES FOR SENIORS & THE DISABLED APPLICATION

1901 Hearst Avenue, Berkeley, CA 94709

◆ (510) 981-7269 ◆ TDD: 510.981.6903 - Email: BRSD@berkeleyca.gov

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

ALL FIELDS ARE REQUIRED TO BE COMPLETED UNLESS NON-APPLICABLE

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: _____

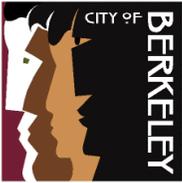
Have you been certified as eligible for rides with an ADA paratransit service?

(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





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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:_____

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:

- Hearing Cognitive/Learning Head Injuries Physical/Mobility
- Invisible Psychological Spinal Cord Visual
- Other:_____ (Please explain)

Is the condition described above Permanent Temporary, until: _____

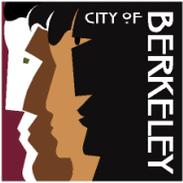
If applicable, explain how your disabling condition prevents you from using public transit such as buses or BART:

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 or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> White | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Two or more races _____ |
| <input type="checkbox"/> Other _____ | |



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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 _____ | |

3. Please check your annual household income group:

- | | |
|---|--|
| <input type="checkbox"/> less than \$35,000 | <input type="checkbox"/> \$74,001-\$89,750 |
| <input type="checkbox"/> \$35,501-\$59,200 | <input type="checkbox"/> \$89,750 or more |
| <input type="checkbox"/> \$59,201-\$74,000 | |

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 - **must have date of birth**
- 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****





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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: (_____) _____ - _____

**Please return completed application to:
Berkeley Rides for Seniors & the Disabled
1901 Hearst Avenue
Berkeley, CA 94709**

~FOR STAFF USE ONLY~

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

Taxi Enrollment _____ Proof of Age _____ EB Paratransit Cert _____

Wheelchair Van Enrollment _____ Proof of Address _____ Age _____

GoGo Enrollment _____ Family Household Size _____

Staff Approval Date: _____

Supervisor Approval Date: _____