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, please call: (510) 981-7269 or (510) 981-5190/(510) 981-5170

ALL FIELDS ARE REQUIRED TO BE COMPLETED

***IMPORTANT*: Please choose number of GoGo (Uber/Lyft) rides to receive annually. Rider pay $4.00 each ride and BRSD will pay up to $16.00 per ride. Rides are distributed twice yearly:**

☐ **Non-Applicable**
☐ **8** Rides per year (4 twice yearly)
☐ **Rides: 16** Rides per year (8 twice yearly)
☐ **Rides: 24** Rides per year (12 twice yearly)

Name: _____
Last First Middle Initial

Landline Phone: (____) __-_____ **Cell Phone:** (_____) _____- _____

Email Address: : _____ **TDD/TTY:** (_____) _____- _____

Home Address: _____
Street Address Apt. # City Zip

Name of Housing Facility (if applicable): _____

Birth Date: _____/_____/_____ ☐ **Male** ☐ **Female** ☐ **Non-Binary** ☐ **Self Describe:**_____

Emergency Contact Person: _____ **(relationship to you)** _____

Daytime Phone: (_____) Cell 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 **OVER**

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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:_____

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:

☐ African American
☐ Native American or Alaska Native
☐ White
☐ Hispanic/Latino
☐ Other _____
☐ Filipino
☐ Native Hawaiian or Pacific Islander
☐ Asian
☐ Two or more races _____

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2. Check the primary language used in your household:

☐ English
☐ Cantonese
☐ Arabic
☐ Spanish
☐ Vietnamese
☐ Mandarin
☐ Filipino or Tagalog
☐ American Sign Language
☐ Other:_____

3. Please check your annual household income group:

☐ less than $35,000
☐ $35,501-$59,200
☐ $59,201-$74,000
☐ $74,001-$89,750
☐ $89,750 or more

DOCUMENTATION REQUIREMENTS

Please attach ALL of the required documents listed below (photocopies are accepted).

PROOF OF….

☐ ***RESIDENCY* (*NO older than 2 months. Document must have your address and be dated*)**

- Examples: utility bill with 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 (EBP) 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 to apply for EBP.***

OVER

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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**

Wheelchair Van Enrollment _____ *Proof of Age* _____ *EB Paratransit Cert* _____

GoGo Enrollment _____ *Proof of Address* _____ *Age* _____

Family Household Size _____

Staff Approval Date: _____ ***Supervisor Approval Date:*** _____