

1901 Hearst Avenue, Berkeley, CA 94709 ♦(510) 981-7269♦ TDD: 510.981.6903

Please use this application if you are a **BERKELEY** resident. East Bay Paratransit, the ADA Para-transit service operator for Alameda County, requires a <u>separate</u> 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	e: ()	
Evening Phone : () _		TDD/TTY:	()	
Home Address: Street Addres		Apt. #	City	7:-
Street Addres	S	Apt. #	City	Zip
Name of Housing Facility (if applicable):			
Birth Date:/	/	Male 🗌	Female	
Emergency Contact Persor	n:			
Relationship to you:		Daytime Phone:	()	
Cell Phone: ()		Evening Phone:	()	
What is your living arrange	ment? Live alone	E Live with	spouse / parti	ner
Live with adult children	Live in a skilled	nursing facility /	nursing home	
Live in assisted living / r	esidential care home	Other:		
Have you been certified as i.e. East Bay Paratransit; W		•		
Fully eligible Cond	ditionally eligible, RIDE	R IDENTIFICATION	N #:	
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)? $\hfill \square$ YES $\hfill \square$ 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:
African American Filipino



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Call (510) 287-5000 if you need to apply to East Bay Paratransit

East Bay Paratransit ID#:



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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 applica	ation:
Daytime Phone: () _	
NOTE: APPLICATION PROCESSIN	IG TIME IS 2 TO 3 WEEKS
Please return complete	d application to:
Berkeley Rides for Senio	ors & the Disabled
1901 Hearst A	venue
Berkeley. CA	94709

~FOR STAFF USE ONLY~				
☐ Temporary	Disability	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:	proval Date: Supervisor Approval Date:			