**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**

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| **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: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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**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:\_\_\_\_\_\_\_\_\_\_\_\_\_

**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:

[ ]  African American [ ]  Filipino

[ ]  Native American or Alaska Native [ ]  Native Hawaiian or Pacific Islander

[ ]  White [ ]  Asian

[ ]  Two or more races \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Hispanic/Latino

[ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Check the primary language used in your household:

[ ]  English [ ]  Filipino or Tagalog

[ ]  Cantonese [ ]  Spanish

[ ]  Arabic [ ]  Vietnamese

[ ]  Mandarin [ ]  American Sign Language

[ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please check your annual household income group:

[ ]  less than $27,450

[ ]  $27,451-$45,700

[ ]  $45,701-$54,840

[ ]  $54,841-$73,100

[ ]  $73,101 or more

**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.*

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| --- | --- |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Applicant’s Signature** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Date** |

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

**NOTE: APPLICATION PROCESSING TIME IS 2 TO 3 WEEKS**

**Please return completed application to:**

 **Berkeley Rides for Seniors & the Disabled**

**1901 Hearst Avenue**

**Berkeley, CA 94709**

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| **~FOR STAFF USE ONLY~** |
| **[ ]  Temporary Disability** **[ ]  Visually Impaired** **[ ]  Student** |
| *Family Household Size \_\_\_\_\_\_**Taxi Program Enrollment \_\_\_\_\_**Proof of Address \_\_\_\_\_* | *Proof of Age \_\_\_\_\_**Total Annual Income \_\_\_\_\_**Van Enrollment \_\_\_\_\_* | *Proof of Income \_\_\_\_\_**Monthly Income \_\_\_\_\_**EB Paratransit Cert \_\_\_\_\_**Age \_\_\_\_\_* |
| ***Staff Approval Date:*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | ***Supervisor Approval Date:*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |