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

|  |  |
| --- | --- |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **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**

|  |  |  |  |
| --- | --- | --- | --- |
| **~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:*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | |