

APPLICATION FOR BERKELEY RIDES FOR SENIORS & THE DISABLED

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

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

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

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: _____

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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:

Auditory Cardiac Cognitive Disorder Diabetes Physical disorder

Pulmonary Seizures Speech disorder Visual Disorder

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 | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> White not Hispanic | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Two or more races _____ | |
| <input type="checkbox"/> Other _____ | |

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 _____ | |

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3. Please check your annual household income group:

- \$0 - \$41,000
- \$41,001 - \$62,000
- \$62,001 - \$74,000
- \$74,001-\$95,000
- \$95,001 - \$123,000
- \$123,001 - \$148,000
- \$148,000 +

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
- 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: (_____) _____ - _____

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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 _____

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: _____

Supervisor Approval Date: _____