**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** |
| **Do you manage your own affairs and deal with your own mail?** YES  NO | |
| **If “NO”, to whom should important correspondence be mailed?** | |
| Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Daytime Phone: (\_\_\_\_\_\_) \_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_ | Cell/Evening Phone: (\_\_\_\_\_\_) \_\_\_\_\_\_ - \_\_\_\_\_\_\_ |
| **Mailing Address**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Street Address or PO Box Apt. # City State Zip | |
| Emergency Contact Person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Relationship to you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Daytime Phone: (\_\_\_\_\_\_) \_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_ |
| Cell Phone: (\_\_\_\_\_\_) \_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_ | Evening Phone : (\_\_\_\_\_\_) \_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_ |

**Are you on any of the following forms of income / benefit assistance?** (Check ALL that apply)

Supplemental Security Income (SSI)  Cash Assistance Program for Immigrants (CAPI)

CalWorks  General Assistance (GA)  Medi-Cal: Medi-Cal # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gross INDIVIDUAL Monthly Income:** $\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gross HOUSEHOLD Monthly Income:**  $\_\_\_\_\_\_\_\_\_\_\_\_\_, # of people in the household: \_\_\_\_\_\_\_\_\_

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is your race / ethnicity?**  African American  Asian / Pacific Islander

Caucasian  Hispanic / Latino  Native American  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What language(s) do you speak?** Preferred Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How do you currently travel to your most frequent destinations?** (Check ALL that apply)

ADA Paratransit (i.e. East Bay Paratransit; Wheels Dial-A-Ride; Union City Paratransit

Drive myself  Some drives me  Buses / BART  Taxi  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

**Please describe your disability or disabling health condition AND explain how this condition prevents you from using public transit such as buses or BART:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is the condition described above**  Permanent  Temporary, until: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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

**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

***INCOME for ADULTS in the HOUSEHOLD*** (Must be current. ***NO older than 2 months.***   
 Attach a copy of one (1) of the following)

* IRS tax return; pay stub; monthly check; or bank statement (with “direct deposit” reference)

***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**

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