**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** [ ]  |
| **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**

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