



Ride-On Tri-City! Application Form (rev. Nov. 2019)

Enroll me in: **(1 service only!)** If you have questions call 510-574-2053)

Ride-Hailing: Phone App (Have own smartphone & can use Lyft App)

Ride-Hailing: Call Center (Need to request Lyft/Uber rides through a Call Center)

Taxi Service

Wheelchair Accessible Van Service

Name: _____
Last Name First Name Middle Initial

Home Phone: _____ **TDD/TTY:** _____

Cell Phone: _____ **Email:** _____

Is this your own cell phone? Yes No

Is your cell phone an Android or Apple iOS smartphone? Yes No

If yes, do you have the Lyft app downloaded/account set up on your smartphone? Yes No

Home Address: _____
Street Address Apt. # City Zip Code

Name of Housing Facility (if applicable): _____

Birth Date: _____ **Male Female**
Month Day Year

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:** _____

Cell Phone: _____ **Home Phone:** _____

Mailing Address: _____
(if different from above) Street Address or PO Box Apt. # City State Zip Code

1. How did you hear about our transportation services? _____

2. Are you on Medi-Cal? Yes No **Medi-Cal #:** _____
Medi-Cal Managed Care Provider: _____ **Fee-for-Service**

3. Gross Individual Monthly Income: _____ **Income Source:** _____

4. Gross Household Monthly Income: _____ **# of people in household:** _____

5. What is your living arrangement? Live alone Live w/ spouse/partner
 Live with adult children Live in a skilled nursing facility/nursing home
 Live in assisted living/residential care home Other: _____

6. What is your ethnicity? African American Asian Indian/South Asian
 Chinese Filipino Pacific Islander
 Caucasian Afghan Hispanic/Latino
 Native American Other: _____

7. What language(s) do you speak? Preferred Language: _____
 Other Language(s): _____

8. How do you currently travel to your most frequent destinations? (Check all that apply)
ADA Paratransit (i.e. East Bay Paratransit, Union City Paratransit)
Drive myself Someone drives me Buses/BART Taxi
Lyft or Uber Go-Go Grandparent Other: _____

9. Are you certified for rides through East Bay Paratransit or Union City Paratransit?
Fully eligible Conditionally eligible Eligibility is valid until: _____
Not eligible/Denied Applied, decision pending Have not applied Don't know

10. Do you use any of the following mobility aids or equipment? None
Cane White Cane Walker Manual Wheelchair
Power Wheelchair Power Scooter Service Animal Portable Oxygen

11. Do you need a wheelchair (WC) accessible vehicle when you travel? Don't use a WC
Yes, always Sometimes, depends on trip I am taking No, I can transfer from WC

12. What type of assistance do you need when traveling? None Carrying bags
Getting to/from front door Assistance because I am visually impaired Push wheelchair
Getting in/out of vehicle Steadying arm when walking Fold wheelchair or walker
Other: _____

Do you have someone who travels with you to provide you with assistance? Yes No

13. Please describe your disability or disabling health condition and explain how this condition prevents you from using public transit (i.e. buses or BART):

14. Is the above condition you describe: Permanent Temporary until: _____

15. Please list the destinations you need rides to: (note if any are outside of Tri-City area)

16. Emergency Contact: _____ **Relationship:** _____

Cell Phone: _____ Home Phone: _____

17. Do you need information in an accessible format? No Yes - If yes, please check
which format you prefer: Large Print Audiotape Braille CD/Electronic File

I certify that the information in this application is true and correct. I understand that knowingly falsifying information will result in denial of service. I give the City permission to contact me about my paratransit service experience and to verify my enrollment with East Bay Paratransit 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:** _____

Person who assisted you with application/Phone #: _____