



Health, Housing &
Community Services
Aging Services Division

BERKELEY RIDES FOR SENIORS & THE DISABLED

1901 Hearst Avenue, Berkeley, CA 94709 ♦ (510) 981-7269 ♦ TDD: 510.981.6903

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



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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



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- | | |
|--|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Hispanic/Latino | <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 _____ | |

3. Please check your annual household income group:

- | | |
|---|--|
| <input type="checkbox"/> less than \$29,750 | <input type="checkbox"/> \$59,521-\$78,850 |
| <input type="checkbox"/> \$29,751-\$49,600 | <input type="checkbox"/> \$78,851 or more |
| <input type="checkbox"/> \$49,601-\$59,520 | |

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****



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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 _____ 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:** _____