

## ➤ EASY DOES IT

### MISSION STATEMENT

Easy Does It Emergency Services provides assistance to individuals with disabilities and the elderly living independently in the City of Berkeley. Should a disabled person or senior experience an unforeseen crisis or a temporary lapse in his or her own regular attendant care, transportation, or assistive equipment repair, that person can call upon Easy Does It for assistance at the time of need.

Easy Does It Emergency Services does not provide medical care, and if we are aware of a medical emergency, we will promptly contact appropriate medical

#### **WE NEED YOUR FEEDBACK!**

Call, email, or write us if you have a compliment, complaint, comment, or suggestion about our services.

**We value your input!**

#### **Easy Does It Emergency Services**

3271 Adeline St Unit B  
Berkeley, CA 94703

Office Line: 510-845-5513

**Emergency Line: 510-704-2111**

Fax: 510-845-2115

**info@easydoesitservices.org**

**www.easydoesitservices.org**



## Easy Does It Emergency Services

### REDUCED COPAY PROGRAM



**FOR EMERGENCY SERVICE CALL:**

**(510) 704-2111**

# REDUCED COPAY

## PROGRAM >>>>

### BREAKING NEWS!

Easy Does It Emergency Services (EDI) is instituting a Reduced Copay Program to help with the cost of attendant and transportation services. Qualifying is based on the federal poverty guidelines. Income verification required. EDI is a safety net for the disabled and the elderly communities in Berkeley; we would like to make these services more accessible to lower income individuals.

### THE LOGISTICS

Individuals who qualify will have a copay of \$7.50/hour for attendant care, assistive device repair and emergency transportation as opposed to the current rates of \$15/hour.

**Please mail, fax, or email your application and supporting documents to start using the reduced copay.**

# EDI Reduced Copay Program Application

## Client Information

Name: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Number of persons in household: Adults \_\_\_\_ Children (under 18) \_\_\_\_

Total Annual Household Income \$ \_\_\_\_\_

## Income Certification

Indicate below the source of information used to verify this information.

*Reminder: You must submit a copy of these documents to be eligible for the program.*

- CalWorks    Payroll Stubs    Bank Statement    Food Stamps  
 Medi-CAL    Tax Return (most recent return)    Other (please explain):

Self certified. Please explain: