

AUTHORIZED PERSONNEL USE ONLY	
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DATE ENTERED	_____
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**APPENDIX C  
REGIONAL TRANSIT PROGRAM  
Measure C Senior Scrip Program for Seniors 70 years of age and older**

**APPLICATION FOR SCRIP**

As a potential user of the Measure C Senior Scrip Program, you have received this packet of materials to explain the program and this application to participate in the program. The Measure C Senior Scrip Program began in 2008 to provide transportation for seniors living in Fresno County. The Senior Scrip Program is operated by the Fresno Council of Governments (Fresno COG) and funded with local transportation funds made available through the extension of Measure C. Additional information on the program is provided later in this packet.

To be eligible for the program, the senior must be 70 years of age or older and a resident of Fresno County. **Seniors are required to provide proof of age and residency, such as a copy of a California driver's license, California Identification Card or other combination of documents that prove both age and residency.** Other forms of proof of eligibility may include a photo identification from another state with your Date of Birth printed on it (to prove age). If your ID does not have your current address, as entered below, then also submit a document or bill with your current address (to prove residency).

You can submit the application and proof of age and residency at the Fresno COG office or at one of our distribution locations listed on page C-4 of this application packet. For more information, please call Fresno COG at 559-233-4148 or visit us on the web at [www.fresnocog.org](http://www.fresnocog.org).

To mail this application along with your proof of age and residency and a completed scrip order form, send to:

Fresno COG  
2035 Tulare Street, Suite 201  
Fresno, CA 93721

**APPLICATION FORM**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: (Optional) \_\_\_\_\_

**I am 70 or older and proof of Age and Residency is attached**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

How did you hear about this program? \_\_\_\_\_

**Measure C Senior Scrip Program for Seniors 70 years of age and older**  
**APPLICATION FOR SCRIP- ADDENDUM**  
FOR USE OF LYFT/UBER WITH THE 75% SENIOR SCRIP PROGRAM DISCOUNT

**If you do not wish to try this service, then do nothing!**

Fill out the information below and return to Fresno COG if you wish to use Lyft or Uber and pay with your discounted Senior Scrip.

	Date: _____
Name: _____	User ID _____
Address: _____	
Cell Phone: _____	Home Phone _____
I have an email address, it is: _____	
<input type="checkbox"/> YES <input type="checkbox"/> NO    You may email me with information about my ride and account balance	
<input type="checkbox"/> YES <input type="checkbox"/> NO    I would like to add an emergency contact to my account:	
If YES,    The name is: _____	
Contact's Relationship: _____	Tel #: _____

To make your Lyft/Uber ride as pleasant as possible, please provide as much information about you and your specific commute needs. *(This information will be uploaded to your profile and will help avoid miscommunications.)*

- | ✓YES  | ✓NO   |   |
|-------|-------|---|
| _____ | _____ | I am hard of hearing  |
| _____ | _____ | I am visually impaired (blind)  |
| _____ | _____ | I have a poor memory  |
| _____ | _____ | I have an oxygen tank   |
| _____ | _____ | I use a walker  |
| _____ | _____ | I use a cane  |
| _____ | _____ | I have a service dog or other service animal  |
| _____ | _____ | I need to ride in the front seat due to health reasons  |
| _____ | _____ | I can only ride in standard-height vehicles (and not in big, tall cars)   |
| _____ | _____ | * I use a wheelchair and I (or with the help of my caretaker) can transport myself in and out of the wheelchair |

\*If you need a vehicle with a wheelchair lift, presently, there are no Lyft or Uber drivers in the area with vehicles equipped with wheelchair lifts. Therefore, if you need a vehicle with a wheelchair lift, the purchase of electronic scrip would not be recommended. Fresno EOC Taxi has vehicles equipped with wheelchair lifts and they accept paper scrip only.

Location and driving instructions you wish to provide to the Lyft/Uber driver.

Apartment # \_\_\_\_\_ Gated Community, Code # \_\_\_\_\_

Enter instructions, if needed, to find your apartment \_\_\_\_\_

Please fill out this Application and mail to: **Fresno COG**  
**2035 Tulare Street, Suite 201**  
**Fresno, CA 93721**