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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. Eligible Fresno County residents may use approved local taxi service providers and Lyft/Uber, at a 75% discount, to travel anywhere their service is available. The ride services are available seven days a week, 24 hours a day.

To be eligible for the program, the senior must be 70 years of age or older and a resident of Fresno County. **When applying, 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 the date-of-birth printed on it (to prove age). If the ID does not have the current address, as entered below, then also submit a document or bill that shows the current address.

To submit this application along with your proof of age and residency, email **Ofelia Abundez at OAbundez@fresnocog.org**. For more information, please call Fresno COG at 559-233-4148 or visit us on the web at www.fresnocog.org.

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
ADDENDUM TO APPLICATION FOR SCRIP

FOR USE OF LYFT/UBER WITH THE 75% SENIOR SCRIP PROGRAM DISCOUNT

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. **If you do not wish to use the Lyft/Uber service, then do not fill out this form!**

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 added to your profile and will help GoGoGrandparent avoid miscommunications when scheduling your ride.)*

| <input checked="" type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | |
|---|--|---|
| _____ | _____ | I am hard of hearing |
| _____ | _____ | I am legally 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, it is recommended that you not use the Lyft/Uber service at this time. Use our approved taxi service provider Fresno EOC Taxi with vehicles equipped with wheelchair lifts.

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

Apartment # _____ Gated Community, Code # _____

If needed, enter instructions to find your house or apartment _____

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

or email to Ofelia Abundez at OAbundez@fresnocog.org