



Rides4Neighbors

Dear Rides4Neighbors Applicant:

The City of La Mesa **Rides4Neighbors** 7-page application packet is enclosed. Please check off each item as you complete the application:

- _____ 2- Page Transportation Application
Please complete page 1 - 2 and sign and date page 2
- _____ 2- Page Participation Agreement and Release Form
Please complete page 3 and sign and date page 4
- _____ 1- Page for Additional Comments
Completion of this page is optional page 5
- _____ 1- Page Mandatory Evaluation Survey Form
Please complete page 6
- _____ 1- Page Voluntary Demographic Data Survey
Completion of this page is optional page 7

**Please return all items to:
Rides4Neighbors
8450 La Mesa Boulevard
La Mesa, CA 91942**

Applications will be processed within seven business days of receipt and Applicant will be notified via mail of acceptance or denial into program.

If your application is approved, you will be enrolled in the program and a welcome packet will be sent to you. Upon acceptance into the program a \$20.00 Initial Application Fee will be due prior to your first ride. Payment for this fee can be made in person via Cash, Check or CC or via U.S. Mail with a Personal or Cashiers Check.

If you do not utilize Rides4Neighbors for six months or more your record will be inactivated and you will need to reapply.

If you have any questions regarding the program or the application packet, please call and we will be happy to assist you.

**Rides4Neighbors
619-667 -1321**



RIDES4NEIGHBORS TRANSPORTATION APPLICATION

Rides4Neighbors



First Name: _____ Last Name: _____

Gender: Male Female

Birth Date: _____ / _____ / _____
Month Day Year

Address: _____ City: _____ State: _____ Zip: _____

Apartment Complex or Mobile Home Park Name: _____

Gate Code (if applicable): _____

Home Phone: _____ Cell Phone: _____

List two people to contact in case of emergency:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Do you live alone? YES NO

Do you have family members or neighbors available to help you with your transportation needs on a regular basis?

YES NO Please explain: _____

The following questions are for statistical purposes only. Your response is voluntary, and has no bearing on your eligibility.

Do you consider yourself/family low income? YES NO

Race/Ethnicity White Black Indian Asian Pacific Islander Hispanic/Latin Other

How did you hear about us? newspaper outreach event friend/family doctor/social worker
 website AEC other _____

Are you able to drive? YES
If yes, do you have any of the following limitations:

- No highway driving
- Do not own a car
- Only able to drive short distances
- Other _____

- NO
If no, please indicate the reason(s) why:
- License permanently suspended for medical reason
- Temporarily unable due to injury or surgery
- License temporarily suspended for legal reasons
- Family/friends/doctor have asked you to stop driving
- Other _____

Are you able to use bus or trolley service? Yes No

If no, why not?

- unable to afford
- too far from home
- mobility issues (please explain) _____
- other _____
- do not know how

Are you certified to use MTS Access buses (ADA paratransit)? YES NO

Would you like information regarding the MTS ADA Paratransit program? YES NO

If no, why not? _____

Please indicate any conditions that are currently affecting your mobility:

Answers to the following two (2) sections will be reviewed impartially and are used to help with evaluation

<input type="checkbox"/> Respiratory or Breathing Problems	<input type="checkbox"/> Paralysis	<input type="checkbox"/> Memory Loss
<input type="checkbox"/> Vision Impaired	<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Dialysis
<input type="checkbox"/> Seizures	<input type="checkbox"/> Other:	

Do you have a diagnosed disability that affects your mobility? YES NO

Please indicate mobility aide(s) that you currently use when you leave the house:

<input type="checkbox"/> Cane	<input type="checkbox"/> Walker (light weight)	<input type="checkbox"/> Oxygen Tank
<input type="checkbox"/> Wheelchair (collapsible)	<input type="checkbox"/> Walker (with seat)	<input type="checkbox"/> Service Animal
<input type="checkbox"/> Wheelchair (non-collapsible)	<input type="checkbox"/> Electric Scooter	<input type="checkbox"/> None

Other (please describe) _____

If you utilize a wheelchair, can you self-transfer and walk independently? YES NO

Do you require assistance getting from your door to the vehicle? YES NO

Do you require assistance carrying parcels? YES NO

Do you have special language or communication needs? YES NO

If yes please explain: _____

Will a relative or caregiver accompany you? YES NO

If yes, they must sign the release of liability on page 4 next to the applicants' signature.

Caregiver's name: _____

Caregiver's signature: _____ Date: _____

I DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS MADE ABOVE ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AFFIRM THAT I AM 60 YEARS OF AGE OR OLDER, AND/OR I AM A DISABLED ADULT, AND I AM UNABLE TO DRIVE DUE TO AGE OR DISABILITY. I UNDERSTAND THAT ANY FALSE STATEMENTS OR FALSE INFORMATION WILL RESULT IN THE REJECTION OR REVOCATION OF MY ENROLLMENT IN THE RIDES4NEIGHBORS PROGRAM.

SIGNATURE OF APPLICANT

DATE OF APPLICATION

CITY OF LA MESA USE ONLY

COMMUNITY SERVICES DEPT:

Approved Denied Signature: _____

Date: _____

Comments: _____

**RIDES4NEIGHBORS
RELEASE OF LIABILITY**

The parties to this Agreement are **(please print your name)**, a potentially eligible rider, who wishes to voluntarily participate in the Rides4Neighbors program, and the City of La Mesa, a municipal corporation organized under the laws of the State of California ("City").

Acknowledgements:

- Rider acknowledges the City engages volunteers using their personal vehicles to provide essential transportation services for eligible Riders as part of Rides4Neighbors. Rider desires to engage said volunteers subject to certain terms and conditions.
- Rider acknowledges the City engages "Yellow Cab", formally called Administrative Services, SD, LLC, to assist eligible Riders by accepting discount taxi coupons made available through the City of La Mesa for essential transportation services not available through volunteer drivers. Rider may purchase discount taxi coupons and engage Yellow Cab services subject to certain terms and conditions.
- Rider acknowledges that wheelchair dependent transport is available if needed.
- Rider acknowledges that any person riding along in a caregiving or companion capacity must sign this Release of Liability in the space indicated on page 2.

Terms:

- Rider shall satisfactorily complete and sign an application provided by the City. By signing the application, Rider certifies that all statements made therein are true and correct, and that the City's age and/or disability eligibility requirements are met. City reserves the right to reject said application for good cause in its sole and absolute discretion. By signing this Release of Liability, Rider certifies that the information herein is fully understood and all terms are agreed upon.
- Rider understands and agrees that the volunteer driver(s), shopping shuttle driver(s), Yellow Cab driver(s), and/or wheelchair transport driver(s) shall not be considered a City employee. Rider hereby authorizes Rides4Neighbors volunteer driver(s), shopping shuttle driver(s), Yellow Cab driver(s), and/or wheelchair transport driver(s) to enter upon his/her property for purposes of engaging in said program.
- Rider understands and agrees to follow the rules for purchase of discount taxi coupons, and understands that coupons:
 - a. Shall not be given, sold or traded to someone else;
 - b. Are non-transferable, non-negotiable, non-refundable, and non-replaceable if lost;
 - c. Shall be used only for the purpose of obtaining **essential services and needs**;
 - d. Shall NOT be used for non-essential needs, such as casino trips, travel to and from the airport, bingo games, etc.
- Rider and anyone assigned to act on behalf of Rider agrees to defend, indemnify and hold harmless City and any of its elected and appointed officials, employees, contractors or agents from any and all damages or liability including personal injury or death arising from participants' activities pursuant to this Agreement and will be liable for any related costs of defending any legal proceedings or claims arising there from, except for liability or damages resulting from gross negligence, recklessness, or intentionally wrongful conduct of City.

RIDES4NEIGHBORS

RELEASE OF LIABILITY, continued from page 3

Rider requests that the following individual(s), who serve(s) in a caregiving capacity or as a companion, accompany him/her during the ride, and gives consent for him/her/them to participate and abide by terms and conditions of this agreement:

(Print first/last name of caregiver or companion, *only if applicable*)

VIDEO AND PHOTO RELEASE

I understand and agree that the City reserves the right to take and use videos and/or photos of participants, free of charge, to be used for publicity purposes in the City's media publications. I understand that I have the right to refuse having my picture or video taken.

AFFIDAVIT – READ VERY CAREFULLY AND SIGN BELOW

I declare under penalty of perjury that all answers and statements in the attached application are true and correct to the best of my knowledge and belief. I understand that untruthfulness or misleading answers are cause for rejection of this application. By signing this Release of Liability, I certify that I fully understand and agree with the terms and acknowledgements contained herein.

SIGNATURES

Rider Please Sign Below

Participant Signature

**Caregiver/Companion Signature
Only if applicable**

Office Use Only

Today's Date

Today's Date

Office/Today's Date

Additional Comments

Please leave any additional information you would like us to have in this space, otherwise leave blank

Rider Evaluation Survey—Before Rides4Neighbors (mandatory)

Please take a moment to complete this evaluation and return it with your application.

1. What transportation are you **currently** using to get to medical appointments, shopping, personal care appointments, and other activities outside your home?

Drive self in personal vehicle

Other people give rides

Use the bus or trolley

Use taxi service

Use door to door special transportation, such as MTS Access

Use other agencies; please name _____

2. If you have medical insurance, have you contacted your insurance carrier regarding medical transportation that they offer?

Yes, What do they provide? _____

No, Why not? _____

3. How difficult is it for you to get to essential needs appointments and locations, such as shopping and medical visits?

Very difficult Somewhat difficult Occasionally a challenge Not difficult

4. Do you know about the door to door service called Metropolitan Transit Services (MTS) Access bus, also known as ADA Paratransit?

Yes No

5. (If "Yes" to # 4, above) Are you currently signed up for or have an application in process with MTS Access service?

Yes No Not sure

6. For information on how to apply for MTS Access, please call 1-877-232-7433.

7. Do you have any other questions about Rides4Neighbors? Please call 619-667-1321. We are here to help you!

THANK YOU VERY MUCH FOR YOUR TIME

Client Voluntary Demographic Data Survey Form

Please take a few moments to complete the following questions. Please check the appropriate boxes with an "X" which best describe you and return the survey to the City of La Mesa-Rides4Neighbors Program. Submittal of this information is **voluntary**.

Sex

What is your sex?

Female Male

Race

What is your race?

Asian/Pacific Islander African American
 American Indian/Alaskan Native Hispanic
 White (not Hispanic) Other: _____

Disability

Do you have a disability?

Yes No

Age

What is your age?

Under 40 40-59 60-64 65-74 75 and over

Income

How many people live in your _____ household?

What is your household's total annual income?

<input type="checkbox"/> \$25,000 or less	<input type="checkbox"/> \$50,001-\$60,000	<input type="checkbox"/> \$90,001-\$100,000
<input type="checkbox"/> \$25,001-\$33,000	<input type="checkbox"/> \$60,001-\$70,000	<input type="checkbox"/> Over \$100,000
<input type="checkbox"/> \$33,001-\$40,000	<input type="checkbox"/> \$70,001-\$80,000	
<input type="checkbox"/> \$40,001-\$50,000	<input type="checkbox"/> \$80,001-\$90,000	

Language

What language is primarily spoken in your household? _____

Access Frequency

On average, how many times a month do you access transportation services provided by the City of La Mesa-Rides4Neighbors Program?
