



Dear Rides4Neighbors Applicant:

The City of La Mesa **Rides4Neighbors** 5-page application packet is enclosed. Please check off each item as you complete the application:

- _____ 2-Page Transportation Application
Please complete page 1 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 Evaluation Form
Please complete page 5

Please return all items to:

**Rides4Neighbors
8450 La Mesa Boulevard
La Mesa, CA 91942**

If your application is approved, you will be enrolled in the program and a welcome packet will be sent to you. 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

First Name:		Last Name:	
Address:		City:	
State:		Zip:	
Apartment Complex or Mobile Home Park Name:		Cross Street:	
Home Phone:		Alternate Phone:	
Birth Date: / /		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Month		Day	
Year			
List two people to contact in case of emergency:			
Name:		Phone:	Relationship:
Name:		Phone:	Relationship:
<p>Do you live alone? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Do you have family members or neighbors to help you with your transportation needs? YES <input type="checkbox"/> NO <input type="checkbox"/> Please explain:</p>			
<p>The following questions are for statistical purposes only. Your response is voluntary, and has no bearing on your eligibility.</p> <p>Do you consider yourself/family low income? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Race/Ethnicity <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Hispanic/Latin <input type="checkbox"/> Other</p>			
<p>How did you hear about us? <input type="checkbox"/> newspaper <input type="checkbox"/> outreach event <input type="checkbox"/> friend/family <input type="checkbox"/> doctor/social worker <input type="checkbox"/> website/social media <input type="checkbox"/> other</p>			
Are you able to drive? YES <input type="checkbox"/> NO <input type="checkbox"/>		Do you have a valid driver license? YES <input type="checkbox"/> NO <input type="checkbox"/>	
<p>Are you able to use Bus or Trolley Service? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Please explain if no:</p>			
<p>Are you certified to use MTS Access buses (ADA paratransit)? YES <input type="checkbox"/> NO <input type="checkbox"/></p>			
<p>Would you like information regarding the MTS ADA Paratransit program? YES <input type="checkbox"/> NO <input type="checkbox"/></p>			

Please indicate any conditions that may affect your mobility:

<input type="checkbox"/> Respiratory or Breathing Problems	<input type="checkbox"/> Stroke (Paralysis)	<input type="checkbox"/> Broken Bones/Sprains
<input type="checkbox"/> Vision Impaired	<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Other (please list)
<input type="checkbox"/> Dizzy Spells	<input type="checkbox"/> Memory Loss	

Do you have a diagnosed disability? YES NO

Please indicate all mobility aides that you use :

<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
<input type="checkbox"/> 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

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.

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

Rider Evaluation Survey—Before Rides4Neighbors

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

1. What transportation did you use, or are 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 _____ friends or relatives _____
- Use the bus or trolley
- Use taxi service
- Use door to door special transportation, such as MTS Access
- Use other agencies; please name _____

2. 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

3. How would you describe your level of frustration or anxiety about finding transportation to appointments, grocery or personal shopping, and other places you need to go?

- Very frustrated or anxious about finding a ride Somewhat frustrated or anxious about finding a ride Rarely frustrated or worried about finding a ride Not frustrated or anxious about getting transportation at all

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

- Yes No Not sure

5. (If “Yes” to # 4, above) Are you currently signed up for MTS Access service?

- Yes No Not sure

6. (If “Yes” to # 5, above) Do you use the MTS Access service?

- Yes No Not sure

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

8. 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!