



PLACER RIDES TRANSPORTATION ASSISTANCE PROGRAM RIDER APPLICATION AND WAIVER

Thank you for your interest in the Placer Rides transportation assistance program. Placer Rides provides financial assistance on a per-mileage basis to residents of Placer County to take essential trips including medical appointments, grocery shopping, and social service appointments. Please complete, sign, and return this application via email to placerrides@seniorsfirst.org or via mail to:

*Seniors First
Attn: Placer Rides
PO Box 6090
Auburn, CA 95604*

Section 1: Contact Information

Name (First and Last): _____

Full Home Address _____ zip code _____

Mailing Address (if different): _____

Phone Number: _____

Cellphone Number: _____

Email: _____

Emergency Contact Name (First and Last): _____

Relationship to Participant: _____

Emergency Contact Phone Number: _____

Emergency Contact Email: _____

Preferred Method of Communication: Phone Email Postal Mail

How did you hear about Placer Rides?

Used Health Express/My Rides Seniors First (phone, website, flyer) Referral from another Organization, please specify: Other, please specify: _____

Section 2: Eligibility

The Placer Rides transportation assistance program is open to residents of Placer County who are seniors, or have a disability, or are low-income and have difficulty securing other transportation options. Please answer the following questions accurately. Seniors First staff may request backup documentation for eligibility claims.

Date of Birth: _____

Do you have a disability? Yes No (please check all that apply)

- Visual Impairment Speech Impairment Cognitive Impairment Hearing Impairment
 Physical Impairment Other (describe):
-

Do you have frequent health treatments for on an on-going health condition that improves your quality of life? N/A Dialysis Chemotherapy Physical therapy Other: _____

What Mobility/Medical Devices or assistance do you need/use:(check all that apply) Walker

Manual Wheelchair Electric Wheelchair 3-4 Wheeled Scooter Cane

Portable Oxygen White cane Service Animal Personal Care Attendant None

Please indicate any assistance programs you currently enrolled in: (please check that apply)

Medi-Cal In Home Support Services (IHSS) Cal Fresh Project Go None

Veterans: Aid and Attendance Meals on Wheels Live in Subsidized Housing

Other income-based programs: _____

Do you drive? Yes No

Do you own a car? Yes No

Why are you applying for Placer Rides? (Please describe and check all that apply)

I no longer drive I don't have a car/can't financially afford a vehicle

No public bus service close to my home area or destination No one to take me

My physical limitations don't allow me to use public transportation

My medical/essential trips are out of the local area Can't afford transportation in community

Other: _____

In the past six months, how many essential appointments (medical, grocery shopping and social service appointments) have you missed due to lack of transportation?

None 1-3 4-6 7-10 11-15 More than 15

Demographic information: decline to state

My gross income is: _____ decline to state

Do you live alone? Yes No decline to state

Sex at birth: Male Female decline to state

Gender Identity: Male Female Transgender Male to Female Transgender Female to Male decline to state

Sexual Orientation: Straight/ Heterosexual Lesbian Gay Bisexual

Questioning/Unsure Other: _____ decline to state

Race: White (Hispanic or Non-Hispanic) Black/African American Asian

Pacific Islander American Indian/Alaskan Native decline to state

Ethnicity: (check all that apply)

White defined as American Canadian European Middle Eastern Northern African

South African Australian or Other

Black defined as East African West African Central African Caribbean Other

Hispanic/Latino defined as Mexican Cuban Puerto Rican Central American

South American Spanish (from Spain) or Other

Asian Group defined as Asian Indian Cambodian Chinese Filipino Japanese

Korean Laotian Korean, Vietnamese Other

Pacific Islander Groups defined as Guamanian Hawaiian Samoan or Other

Native Groups defined as Alaskan Native Mexican American American Indian

Cherokee

decline to state

Notes: _____

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RIDER APPLICATION**

Section 3: Certification and Waiver

I have reviewed this application and certify that it is accurate and true to the best of my knowledge. I understand that knowingly falsifying the information on this application will result in denial. I understand that Seniors First staff may request proof of eligibility and refusal to provide proof upon request will result in denial. I understand that the information I provide will be treated as confidential and will only be used to determine my initial eligibility and continued eligibility for the program. I agree to notify Seniors First staff of any changes to the information included on this application.

I have reviewed the Placer Rides program policies. I understand that Placer Rides is a transportation assistance program and that participants are required to secure their own driver. I understand that drivers are not employees or volunteers of Seniors First or Western Placer Consolidated Transportation Services Agency and I understand that the Placer Rides program and its funding sources do not assume any liability for my personal choice of driver, nor any insurance liability. I understand that Placer Rides policy requires participants to pay reimbursements, once received, to their drivers. I understand that requests for reimbursement will be honored subject to availability of funds and that if funds are not available, payment may not be made.

I understand that, by my signature below, I agree to forever waive, release, and discharge Placer Rides, Seniors First, and WPCTSA from any and all claims, losses and liabilities for damages for death, personal injury, or property damage which I may have, or which hereafter accrue to me, against Placer Rides, Seniors First, WPCTSA, and any individuals and agencies who fund this Program (Funding Entities), as a result of my participation in the Program. This release is intended to discharge Placer Rides, Seniors First, WPCTSA, and Funding Entities, their officers, officials, directors, agents, employees, and volunteers from any and all claims, losses, and liabilities (including costs and attorney fees) arising out of or connected in any way with my participation in the Program, even if that liability may arise out of the negligence or carelessness on the part of persons or entities mentioned above. I further understand that accidents and injuries can arise out of the Program and by riding in a motor vehicle, and knowing the risks, nevertheless, I hereby agree to assume all risks and to release and to hold harmless, defend and indemnify, all of the persons, agencies, and entities mentioned above who (through negligence or carelessness) might otherwise be liable to me, or my heirs or assigns, for damages. It is further understood and agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assigns.

Signature of Applicant: _____ Date: _____

If someone other than the participant has completed this application, the following information must be provided:

Signature of Representative: _____ Date: _____

Print Name of Representative: _____

Relationship to Participant: _____

Email: _____ Telephone: _____

Are you Power of Attorney? Yes No If yes, please provide a copy of the documentation.