

Transportation Services Application Packet

(revised December 2018)

Ride-On Tri-City! assists seniors and people with disabilities residing in Fremont, Newark and Union City with all of their transportation needs. Transportation Resource Specialists are available by phone or in-person to discuss an individual's transportation needs and help the individual get connected with the right transportation services and resources. If you have questions about the transportation services listed, call **Ride-On Tri-City!** at (510) 574-2053.

Ride-On Tri-City! is a program of the City of Fremont's Human Services Department. The program provides affordable transportation to and from destinations in Fremont, Newark and Union City.

Ride-On Tri-City! transportation services are available to:

- Fremont and Newark residents who are 70 years of age or older; OR,
- Union City residents who are 80 years of age or older; OR,
- Fremont, Newark and Union City residents who are unable to use public transportation independently due to a disability or disabling health condition.

Please Note: Wheelchair-Accessible Van Services for Union City residents are provided by Union City Paratransit. **Ride-On Tri-City!** can assist Union City residents who are disabled and unable to use public transit to get registered for Union City Paratransit.

If you meet the above eligibility criteria for **Ride-On Tri-City!**, please use the attached application to apply for **ONE** of the following services:

Ride-Hailing Service (through Lyft)

(This is a new service that is scheduled to start in March 2019)

- Service:** Subsidized rides on Lyft within Fremont, Newark and Union City are available 24 hours a day, 7 days a week for participants with their own smartphones, and Monday - Friday, from 8am to 6pm through a call center for those individuals who do not have smartphones. Rides are requested on the same day service is needed.
- Cost:** Rider pays the first \$4 of the ride and up to \$16 in additional trip costs is subsidized by the program. Riders are responsible for paying any trip costs over \$20 as well as any tip provided to the driver. A maximum of 25 subsidized rides can be taken each month. There are no additional charges for companions or attendants traveling with a rider.
- Accessibility:** The service is **NOT** wheelchair accessible at this time.

Taxi Service

- Service:** Subsidized taxi rides within Fremont, Newark and Union City are available 24 hours a day, 7 days a week. Rides are requested on the same day service is needed.
- Cost:** Taxi vouchers cost \$4 each and subsidize up to \$16 of taxi meter fare. Only 1 voucher can be used per one-way trip. Riders are responsible for paying any fare beyond the \$16 voucher subsidy and any tip provided to the driver. A maximum of 25 taxi vouchers may be purchased per month. There are no additional charges for companions or attendants traveling with a rider.
- Accessibility:** The service is **NOT** wheelchair accessible at this time.

Wheelchair-Accessible Van Service

- Service:** Available to Fremont and Newark residents who use wheelchairs or who are ambulatory and require special door-to-door assistance. Rides to and from destinations in Fremont, Newark and Union City are available Monday - Friday, from 8am to 6pm, and Saturday and Sunday, from 9am to 3pm. Reservations are taken up to 7 days in advance; same-day rides are available on a *space-available basis only*.
- Cost:** Rides cost \$4 per one-way trip. Fares are paid using pre-paid vouchers and cost \$40 per book of 10 one-way trip vouchers. Enrolled participants can access a maximum of 300 one-way trips per year. Riders present a pre-paid trip voucher for each one-way ride. A personal care attendant, who provides needed assistance when traveling, may accompany the rider at no charge. Additional passengers (companions) are required to pay \$4 for each one-way trip.
- Accessibility:** Rides are provided in lift-equipped, wheelchair-accessible vans.

Please return your completed transportation services application to:

(be sure to indicate which service you are applying for)

Mail: City of Fremont Human Services - ***Ride-On Tri-City! Program***
P.O. Box 5006
Fremont, CA 94537-5006

Fax: (510) 574-2054

Hand deliver: Fremont City Hall, Human Services Dept., Bldg. B,
3300 Capitol Ave., Fremont

Email: pgutierrez@fremont.gov or sfong@fremont.gov

**If you have any questions or need further information, please call
RIDE-ON TRI-CITY! at (510) 574-2053**



Ride-On Tri-City! Application Form (rev. Sept. 2018)

Enroll me in:
(one service only!)

Ride-Hailing Service (through Lyft)
(this new service will start in March 2019)

Taxi Service

Wheelchair Van Service

Name: _____
Last Name First Name Middle Initial

Home Phone: (____) _____ **TDD/TTY:** (____) _____

Cell Phone: (____) _____ **Email:** _____

Is your cell phone a smartphone (i.e. it has internet access and can run apps?) Yes No

Home Address: _____
Street Address Apt. # City Zip Code

Name of Housing Facility (if applicable): _____

Birth Date: ____ / ____ / ____ **Male Female**
Month Day Year

Do you manage your own affairs and deal with your own mail? Yes No

If "No", to whom should important correspondence be mailed?

Name: _____ **Relationship:** _____

Daytime phone: (____) _____ **Cell or Evening phone:** (____) _____

Mailing Address: _____
(if different from above) Street Address or PO Box Apt. # City State Zip Code

1. How did you hear about our transportation services: _____

2. Are you on any of the following forms of income/benefit assistance? *(check all that apply)*

Supplemental Security Income (SSI) Cash Assistance Program for Immigrants (CAPI)
Medi-Cal; if yes, #: _____ CalWorks General Assistance (GA)

3. Gross Individual Monthly Income: _____

4. Gross Household Monthly Income: _____ **# of people in household:** _____

5. What is your living arrangement? Live alone Live w/ spouse/partner
Live with adult children Live in a skilled nursing facility/nursing home
Live in assisted living/residential care home Other: _____

6. What is your race/ethnicity? African American Asian/Pacific Islander
Caucasian Hispanic/Latino Native American
Other: _____

7. What language(s) do you speak? Preferred Language: _____
Other Language(s): _____

8. How do you currently travel to your most frequent destinations? (Check all that apply)

ADA Paratransit (i.e. East Bay Paratransit, Union City Paratransit)

Drive myself

Someone drives me

Buses/BART

Taxi

Lyft, Uber or other ride-hailing service

Other: _____

9. Have you been certified as eligible for rides with an ADA paratransit service (i.e. East Bay Paratransit, Wheels Dial-A-Ride, Union City Paratransit)?

Fully eligible

Conditionally eligible

Eligibility is valid until: _____

Not eligible/Denied

Have not applied

Don't know

10. Do you use any of the following mobility aids or specialized equipment?

Cane

White Cane

Walker

Manual Wheelchair

Power Wheelchair

Power Scooter

Service Animal

Portable Oxygen Tank

Other: _____

11. Do you need a wheelchair lift to get in and out of a vehicle? Yes No Don't know

12. Do you typically travel with assistance from another person (other than driver)? Yes No

13. Please describe your disability or disabling health condition and explain how this condition prevents you from using public transit (i.e. buses or BART):

14. Is the above condition you describe: Permanent Temporary until: _____

15. Please list the destinations you frequently travel to:

16. Emergency Contact: _____ **Relationship:** _____

Cell phone: (_____) _____ Evening phone: (_____) _____

17. If you need future information provided to you in an accessible format, please check which format you prefer: Large Print Audiotape Braille CD/Electronic File

I certify that the information in this application is true and correct. I understand that knowingly falsifying information will result in denial of service. I give the City permission to contact me about my paratransit service experience and to verify my enrollment with East Bay Paratransit or Union City Paratransit. I understand that my application information will be kept confidential; only information required to provide service or verify service quality will be disclosed under any circumstances.

Applicant's Signature: _____ Date: _____

Person who assisted you with application/Phone #: _____