

## Transportation Services Application Packet

(revised September 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)**

- 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](mailto:pgutierrez@fremont.gov) or [sfong@fremont.gov](mailto: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:**  **Ride-Hailing Service (through Lyft)**  
*(one service only!)*  **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 #: \_\_\_\_\_