



Health, Housing &
Community Services
Aging Services Division

BERKELEY RIDES FOR SENIORS & THE DISABLED

1901 Hearst Avenue, Berkeley, CA 94709 ♦ (510) 981-7269 ♦ TDD: 510.981.6903

Please use this application if you are a BERKELEY resident. East Bay Paratransit, the ADA Para-transit service operator for Alameda County, requires a separate application.

- | | |
|--|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Two or more races _____ |
| <input type="checkbox"/> Other _____ | |

2. Check the primary language used in your household:

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> English | <input type="checkbox"/> Filipino or Tagalog |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Mandarin | <input type="checkbox"/> American Sign Language |
| <input type="checkbox"/> Other _____ | |

3. Please check your annual household income group:

- | | |
|---|--|
| <input type="checkbox"/> less than \$29,750 | <input type="checkbox"/> \$59,521-\$78,850 |
| <input type="checkbox"/> \$29,751-\$49,600 | <input type="checkbox"/> \$78,851 or more |
| <input type="checkbox"/> \$49,601-\$59,520 | |

DOCUMENTATION REQUIREMENTS

Please attach ALL of the required documents listed below. Photocopies are accepted.

PROOF OF....

- RESIDENCY** (Must be current. *NO older than 2 months.*)
 - A utility bill that has your name on it, such as: PG&E; telephone bill; or a bank statement
- AGE** (Attach a copy of one (1) of the following)
 - Photo ID, such as: Driver's license; passport; or Military ID
- If applicable, **PROOF OF EAST BAY PARATRANSIT CERTIFICATION**
 - For clients UNDER the age of 70 or those who need to use a van with a wheelchair lift or ramp
East Bay Paratransit ID#: _____

Call (510) 287-5000 if you need to apply to East Bay Paratransit



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I affirm that the information and statements made in this application are true and correct to the best of my knowledge and belief. I understand that knowingly falsifying information will result in denial of service. I give the City of Berkeley permission to contact me about my paratransit service experience and to verify my enrollment with East Bay Paratransit, Wheels Dial-A-Ride, and/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

Name of the person who assisted you with this application: _____
Daytime Phone: (_____) _____ - _____

NOTE: APPLICATION PROCESSING TIME IS 2 TO 3 WEEKS

**Please return completed application to:
Berkeley Rides for Seniors & the Disabled
1901 Hearst Avenue
Berkeley, CA 94709**

~FOR STAFF USE ONLY~

Temporary Disability **Visually Impaired** **Student**

Family Household Size _____ Proof of Age _____ Proof of Income _____
Taxi Program Enrollment _____ Total Annual Income _____ Monthly Income _____
Proof of Address _____ Van Enrollment _____ EB Paratransit Cert _____
Age _____

Staff Approval Date: _____ Supervisor Approval Date: _____