PLACER RIDES TRANSPORTATION ASSISTANCE PROGRAM
RIDER APPLICATION AND WAIVER
(530) 382-0391

Thank you for your interest in the Placer Rides transportation assistance program. Please complete, sign, and return this application via:

Mail to:

Attn: Placer Rides
PO Box 556
Roseville, CA 95678

Email to: Placerrides.org

Section 1: Contact Information

Name (First and Last): _____

Full Home Address _____

Mailing Address (if different): _____

Phone Number:_____

Cell Number: _____

Email: _____

Date of Birth: _____

Preferred Method of Communication: ☐ Phone ☐ Email ☐ Postal Mail

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?

☐ South Placer Transit Information, Education, and Training Program
☐ Roseville Transit
☐ Auburn Transit
☐ Placer County Transit
☐ Seniors First (phone, website, flyer)
☐ Placer Rides Program outreach/engagement (presentations, website, flyer)
☐ 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.

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 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: (please check all that apply)

☐ Manual Wheelchair ☐ Walker ☐ 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 ☐ No one to take me

☐ I don't have a car/can't financially afford a vehicle ☐ Can't afford transportation in community

☐ No public bus service close to my home area or destination

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

☐ My medical/essential trips are out of the local area

☐ 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

Ethnicity: ☐ Caucasian ☐ Black/African American ☐ Hispanic/Latino ☐ Asian/Pacific Islander ☐ American Indian/Alaskan Native ☐ Two or more ☐ Other ☐ decline to state

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Nationality: (please check all that apply) ☐ decline to state

Caucasian defined as ☐ American ☐ Canadian ☐ European ☐ Middle Eastern ☐ Northern African ☐ South African ☐ Australian ☐ Other _____

Black/African American 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) ☐ Other_____

Asian/Pacific Islander defined as ☐ Asian India ☐ Cambodian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Laotian ☐ Vietnamese ☐ Guamanian ☐ Hawaiian ☐ Samoan ☐ Other _____

Native Groups defined as ☐ Alaskan Native ☐ Mexican American ☐ American Indian ☐ Other _____

Notes: _____

Section 3: Certification and Waiver

I have reviewed this application and attest 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 of Placer Rides services. I understand that Placer Rides staff may request proof of eligibility information or documents and refusal to provide proof upon request will result in my denial or continued eligibility for services. 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 Placer Rides 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 MOVE Stanislaus Transportation (MOVE) or Western Placer Consolidated Transportation Services Agency (WPCTSA) 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, MOVE, 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, MOVE, 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, MOVE, 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.