

Auditor Use Only: \_\_\_\_\_

Application Source: \_\_\_\_\_

# Tuolumne Trip

## Rider Application

The information obtained in this application process will be used by the Tuolumne Trip Program to determine eligibility.

- Please fill out:
- Application
  - Authorization for release of information
  - Application Certification

After receiving your application the Tuolumne Trip Program Coordinator will contact you within 21 days to further the application process. Applications will not be considered without all forms completely filled out. If you have any questions regarding this application please call 209/533-5603.

### Instructions for Applicants

1. Please legibly print full responses to all questions on this application form. Your detailed responses and explanations will help us determine if you are qualified for the program. Be sure to respond to all questions on your application, or your application will be considered incomplete.
2. You are not required to attach additional pages and information. However you may want to send additional documentation that could help us understand your limitations. All information included with the application will be kept strictly confidential.
3. You must provide a signature to complete the application.
4. Mail completed application to:

Tuolumne Trip Program  
c/o Tuolumne County Transit Agency  
2 South Green Street  
Sonora CA 95370

For help with this application process please call Tuolumne Trip Program Coordinator 209/533-5928

### Contact

Name:

Mailing Address:

City:

State:

Zip Code:

Date of Birth:

Home Phone:

Cell Phone:

Mailing Address:

City:

State:

Zip Code:

Do you live:  Alone  With Family  Care Home

Do you have In Home Support Service (IHSS) caregiver:  Yes  No

If yes, does the IHSS caregiver provide transportation services:  Yes  No

Do you own a motor vehicle:  Yes  No

Are you able to drive:  Yes  No

If Yes, California Driver's License Number: \_\_\_\_\_

Are you a Veteran:  Yes  No  Decline to state

### Description of Health

Do you have a disability:  Yes  No

Please briefly describe your disability:

Do you have a mobility aid (check all that apply):  Manual Wheelchair  Electric wheelchair  
 Oxygen Tank  Cane  Power Scooter  Service Animal  Walker  Other

Briefly describe how your health effects your daily mobility:

### Travel Information

Why do you most often travel (check all that apply)  Religious activities  Medical Office  
 Hospital  Social Activities  Family  Grocery  Dialysis  Pharmacy  Senior Center  
 Out of Tuolumne County medical: \_\_\_\_\_

How many trips did you take last week:  Less than 1  1 trip  2 trips  3 or more

What methods of transportation did you use most often for your trip:  Drove a car  Taxi  
 Friend, Neighbor, Caregiver Drove  Family member drove a car  Other van service  Bus

What most influences the method of transportation used:  Availability  Cost  Convenience  
 No Family Help  No friend help  Other

Do you plan on using Tuolumne Trip:  Permanently  Temporary

**Financial Information:**

Do you have any financial constraints that limit your ability to access travel to your desired destinations?  Yes  No

If yes, please describe:

Which best represents your monthly income:  \$3000.00 or less per month  
 \$2000.00 or less per month  
 \$1000.00 or less per month  
 Other

**Application Certification**

I certify that the information on this application is true and correct. I understand that knowingly falsifying the information will result in denial of service. I understand that all information will be kept confidential, and only the information required to provide the service requested will be disclosed to

those who perform the services.

Print Name:

Applicants Signature:

Date:

Did someone help you fill out this form:       Yes     No

If Yes, Name:

Phone:

Relationship:

### Authorization to Release Medical Information

I hereby authorize the information that was provided on this application is true and correct. I understand that knowingly falsifying the medical information given will result in denial of service. I understand that the information given will be kept confidential, and on the information required to provide service will be disclosed.

Print Name:

Applicants Signature:

Date:

Did someone help you fill out this form:     Yes                       No

If Yes, Name:

Phone:

Relationship:

Please Note: It is your responsibility to notify the staff of Tuolumne Trip if your disability improves enough to change your eligibility status. If your condition improves after you have been determined eligible or it is discovered false information was submitted, your eligibility will be suspended or you may be asked to reapply.