



Dear Physician:

Your patient has applied for transportation assistance from ONEgeneration's door to door transportation program. In order to be eligible for this program, applications must have a disability or condition that requires special assistance when leaving their home. This could be as simple as not being able to stand outside for several minutes waiting for transportation or could include confusion, memory problems, use of a cane, walker, or wheelchair. Applicant must also require door to door transportation services because of their disability or condition.

If your patient meets the criteria for the above, please check the two boxes "yes" in the physician section on the back of the first page of the application (please also list assistance required by the applicant) and complete and sign the physician section of the application.

Thank you for your assistance.

Sincerely,

A handwritten signature in blue ink that reads "Flossie Savage". The signature is fluid and cursive, with the first name "Flossie" and last name "Savage" clearly legible.

Flossie Savage
Transportation Manager
(818)708-6614
FSavage@ONEgeneration.org

MPC BASED PARATRANSIT PROGRAM

CITYRIDE Application for Registration

Esta aplicación también se puede conseguir en español.

Last Name _____ First _____ M.I. _____
(Please Print)

Home Address _____ Apt # _____

City _____ State _____ Zip Code _____

Mailing Address (if different) _____

Home Phone _____ Date of Birth (M/D/Y) _____

Email address (optional) _____

I am enclosing documentation that I qualify for Cityride as:

- A Senior Citizen, 65 or older** (A copy of your birth certificate, Medi-Cal Card, passport, DMV card, or other government-issued document showing your age.)
- Having a Disability** (A copy of your Metro disabled identification is acceptable proof. A doctor's note is valid proof for 60 days, after which you must obtain Metro disabled identification.)
- I am enclosing a copy of my Supplemental Security Income Award letter or Medi-Cal card which qualifies me for the low-income rate
- I currently use a wheelchair

Emergency Preparedness Plan

- Yes, provide my information
- No, do not provide my information

I declare, under penalty of perjury, under the laws of the State of California that the responses I have given are true.

Applicant's signature (or guardian, if applicable) Date

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Date

Scheduling Trips

This program requires the full cooperation of participants and their families in the scheduling of trips. Participants need to be flexible in their pick-up and drop-off times to maximize services in this shared ride program.

When calling to schedule a trip, the participant must have ALL necessary information ready, including the exact address, along with the suite or office number, office phone number, and the name of the business.

Participants must request service and schedule pick-up and drop-off arrangements with the transportation coordinator. Participants using escorts or having special needs must make arrangements when scheduling their pick-up. Drivers cannot permit the boarding of non-scheduled escorts, aides or special helpers. Everyone entering the vehicle must be scheduled in advance.

Drivers can only drop off participants at their scheduled destination. It is a driver's responsibility to determine the safety of each pick-up and drop-off location and select the safest location for the client to board and get off the van. Special pick-up and drop-off request from passengers cannot be permitted and no additional stops will be made.

Eligibility

~ 65 years of age or older, or disabled and require personally assisted door to door transportation service

~ You must register with the Cityride program

~ You must live within the service area.

The following zip codes are included in our service area.

91303, 91304*, 91305, 91306, 91307, 91316, 91335, 91356, 91364*, 91367, 91403*, 91406*, 91436*

(*Zip codes may have partial coverage)

Funding is provided by the City of Los Angeles, Department of Aging and the Department of Transportation.

ONEgeneration

Door-to-Door Transportation Program



(818)708-6614 Phone

(818)708-6620 Fax

www.ONEgeneration.org



User Guidelines

Welcome to ONEgeneration's Door to Door Transportation Program. The program was designed to provide door to door transportation service for those individuals unable to access other modes of transportation. As a participant you must adhere to the following user guidelines.

Drivers will be assisted from the door of their home to the door of their drop-off location. Drivers cannot wait at doctors visits or other drop-off sites. Participants going grocery shopping should only get what they can manage on their own.

A donation of fifty cents each one way trip is suggested, or a dollar for the round trip service. One dollar per one way trip is suggested for trips outside of the service area.

ONEgeneration appreciates your support!

Code of Conduct

We ask that courtesy be shown to drivers and fellow passengers at all times while aboard the vehicle. Please note the following rules designed for your safety and comfort:

- Participants must be fully dressed and ready at their scheduled pick up time.
- Riders must maintain acceptable standards of personal hygiene
- All passengers must wear a seatbelt
- No standing is permitted on the vehicle. You must remain seated until the vehicle comes to a full and complete stop.
- No eating, drinking, or smoking.
- No open containers of alcohol.
- No riding under the influence of alcohol or illegal drugs
- No weapons of any kind
- No abusive, threatening or obscene language or actions towards drivers or employees.
- No physical abuse of another rider or driver.
- No operating or tampering with any equipment while on board the vehicle.
- Radios or music players are not allowed to be played on board.

Cancellation/No Shows

Participants must notify the Transportation Coordinator as soon as possible of trip cancellation. Cancellations received less than two hours before the scheduled pick up is considered a "no show". Drivers that do not meet or acknowledge the driver within 3 minutes of arrival are also considered a "no show".

Participants that fail to show up for three pickups within a 30 day period will be advised that one more "No Show" during the next 30 days will result in your suspension for the use of the Door to Door Transportation Program service for 30 days.

Scheduling Trips

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When calling to schedule a trip, the participant must have ALL necessary information ready, the exact address, along with the suite or office number, office phone number, and the name of the business.



Share the Care™

Date:			
Last Name:	First Name:	Middle:	Birthdate:
Address:		Apt. #	
City:	State:	Zip:	
Phone: () - -		Live Alone (Y/N):	
I speak the following languages:			
I currently receive transportation services from: (CHECK ALL THAT APPLY)			
<input type="checkbox"/> Cityride	<input type="checkbox"/> Taxi		
<input type="checkbox"/> Access Services	<input type="checkbox"/> Dial A Ride		
<input type="checkbox"/> Private Transportation Company	<input type="checkbox"/> Friends or Family Members		

I have received and read the User Guidelines for the MPC Based Paratransit Program. As a participant in the MPC Based Paratransit Program I agree to comply with all program guidelines. Violations of the program guidelines will necessitate forfeiture of continued ridership services.

Applicant or Guardian's Signature

Date

Complete both sides of this Certification Form. The signature of the applicant and their physician, or other medical personnel, is required on the other side of this Certification Form.

This client update will be used solely to provide the City of Los Angeles and the California State Department of Aging with the necessary data to calculate the proper funding for our area.

APPLICANT NAME AND ADDRESS

LAST NAME: _____ FIRST: _____ MI: _____
RES. ADDRESS: _____ PHONE: () _____
CITY: _____ STATE: _____ ZIP: _____

APPLICANT DESCRIPTION

DOB: ____/____/____ SEX: M F LIVES ALONE: Y N

ETHNICITY/ RACE

- | | | | | |
|--------------------------------------|---|--|------------------------------------|---------------------------------|
| <input type="checkbox"/> White | <input type="checkbox"/> Chinese | <input type="checkbox"/> Japanese | <input type="checkbox"/> Filipino | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Laotian | <input type="checkbox"/> Cambodian | |
| <input type="checkbox"/> Other Asian | <input type="checkbox"/> Black/African Amer. | <input type="checkbox"/> Guamanian | <input type="checkbox"/> Hawaiian | |
| <input type="checkbox"/> Samoan | <input type="checkbox"/> Other Pacific Islander | <input type="checkbox"/> Amer. Indian/Alaskan Native | | |
| <input type="checkbox"/> Other Race | <input type="checkbox"/> Multiple Race | <input type="checkbox"/> Declined to state | | |

EDUCATION LEVEL

- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> Grade School | <input type="checkbox"/> Some High School | <input type="checkbox"/> High School Graduate |
| <input type="checkbox"/> Some College | <input type="checkbox"/> College Graduate | <input type="checkbox"/> Post Graduate |
| <input type="checkbox"/> None | | |

REFERRED BY

- | | | | |
|--|-----------------------------------|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Walk-in | <input type="checkbox"/> Family | <input type="checkbox"/> Friend | <input type="checkbox"/> Neighbor |
| <input type="checkbox"/> Social Worker | <input type="checkbox"/> Brochure | <input type="checkbox"/> Other _____ | |

FUNCTIONALLY IMPAIRED

- | | |
|--|---|
| <input type="checkbox"/> VISION IMPAIRMENT | <input type="checkbox"/> HEARING IMPAIRMENT |
| <input type="checkbox"/> MOBILITY | <input type="checkbox"/> COGNITIVE |
| <input type="checkbox"/> OTHER _____ | |

TOTAL HOUSEHOLD INCOME

- | |
|--|
| <input type="checkbox"/> Number of Household Members _____ |
| <input type="checkbox"/> \$0 - 10,000 |
| <input type="checkbox"/> \$ _____ |
| <input type="checkbox"/> Decline to state |

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DOB: ____/____/____ SEX: M F LIVES ALONE: Y N

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| <input type="checkbox"/> Other Race | <input type="checkbox"/> Multiple Race | <input type="checkbox"/> Declined to state | | |

EDUCATION LEVEL

- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> Grade School | <input type="checkbox"/> Some High School | <input type="checkbox"/> High School Graduate |
| <input type="checkbox"/> Some College | <input type="checkbox"/> College Graduate | <input type="checkbox"/> Post Graduate |
| <input type="checkbox"/> None | | |

REFERRED BY

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|--|-----------------------------------|--------------------------------------|-----------------------------------|
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FUNCTIONALLY IMPAIRED

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| <input type="checkbox"/> MOBILITY | <input type="checkbox"/> COGNITIVE |
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- | |
|--|
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| <input type="checkbox"/> \$ _____ |
| <input type="checkbox"/> Decline to state |