



Alameda Independent Mobility Application Form

A program designed to supplement and complement East Bay Paratransit

The City of Alameda AIM program provides **up to six** curb-to-curb subsidized rides **per month** using Uber or Lyft within Alameda County for City of Alameda residents who are enrolled in East Bay Paratransit and who meet the income eligibility criteria listed below. Applicants agree to use the concierge service provided by Eden I&R Inc., pay the first \$4 of each ride and any charge over \$25 using a credit, debit or prepaid card. Applicants will be considered on a first-come, first-served basis, as funding allows. Please return completed application to:

Mastick Senior Center
Attn: Paratransit Coordinator
1155 Santa Clara Avenue, Alameda, CA 94501

If you have any questions, please call the Paratransit Coordinator, at (510) 747-7513 or email CityParatransit@alamedaca.gov. This program is funded by Measures BB.

Name: _____
Last Name First Name Middle Initial

Home Phone: (____) _____ **Cell Phone:** (____) _____
(please check your preferred phone number)

TDD/TTY: (____) _____

Email: _____

Home Address: _____
Street Address Apt. # City Zip Code

Birth Date: ____ / ____ / ____
Month Day Year

Male **Transgender male** **Non-binary/gender-fluid/non-conforming**
 Female **Transgender female** **Prefer not to answer** **Not listed**

Have you used Uber or Lyft car service before? Yes No

Do you manage your own affairs? Yes No

If "No", then please provide the contact information for your designated representative

Name: _____ **Relationship:** _____

Daytime phone: (____) _____ **Cell or Evening phone:** (____) _____

Email: _____

Mailing Address: _____
(if different from above) Street Address or PO Box Apt. # City State Zip Code

1. East Bay Paratransit has certified me for rides as Fully or Conditionally Eligible:

Yes **Rider Identification #** _____ **exp:** _____ **I don't know**

2. Do you use any of the following mobility aids or specialized equipment?

Cane **White Cane** **Walker** **Power Scooter** **Portable Oxygen Tank**
 Manual Wheelchair **Power Wheelchair** **Service Animal** **Other:** _____

3. Do you need assistance to get in and out of a vehicle? Yes No Sometimes
4. Do you need a wheelchair lift to get in and out of a vehicle? Yes No Sometimes
5. Do you typically travel with assistance from another person? Yes No Sometimes

6. Emergency Contact Person: _____

Relationship: _____ Phone: (____) _____

Email: _____

7. **Income Eligibility Criteria: Family Income Limits (please circle one)**

For example, a one-person family with an annual income of \$84,600 or less, or a four-person family with a total income not exceeding \$120,800 would be considered eligible.

<u>Number of people living in your household</u>	<u>Income Limit</u>
<input type="checkbox"/> 1.....	\$84,600
<input type="checkbox"/> 2.....	\$96,650
<input type="checkbox"/> 3.....	\$108,750
<input type="checkbox"/> 4.....	\$120,800

8. **What is your race or ethnicity do you identify with? (Please check all that apply)**

- African American, Black Hispanic, Latino/a/x Caucasian, White
- Asian, Asian American Pacific Islander, Native Hawaiian Middle Eastern
- American Indian, First Nation, Alaska Native, Indigenous Multi-ethnic/Multi-racial
- Prefer not to answer Prefer to self-describe: _____

9. Do you own or rent your home? Own Rent Live with family

10. What language(s) do you speak? Preferred Language: _____

Other Language(s): _____

I understand that to participate in this program I must submit a credit card, debit or prepaid card to Eden I&R, Inc. This card information is immediately sent to Authorize.net, a VISA company, where they will charge \$0.01 to the card. This charge creates a unique token that allows for authorization of future charges when you complete a ride, and it eliminates the need for your card information to be saved by either Eden I&R Inc. or Authorize.net.

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. 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 Signature: _____ Date: _____

If someone assisted you with this application, please provide their:

Name: _____ Phone: (____) _____

