Alameda Independent Mobility

2026-2027 AIM APPLICATION

Please return applications to:

ALAMEDA CONNECT

Mastick Senior Center
1155 Santa Clara Ave.
Alameda, CA 94501

APPLICANT INFORMATION

Must be 70 years of age or older, or at least 18 years old and East Bay Paratransit certified to become a member.
Please submit all required supporting documents with your application:

- ☐ **Attach Proof of Date of Birth & Alameda residence (valid ID and utility bill)**
- ☐ **Provide East Bay Paratransit Certification number, expiration date and copy of certification if applicable**

Name: _____ _____ _____ **Gender** _____ **Birth Date:** _____
First Last Middle Initial MM/DD/YY

Full Address: _____ Alameda _____
Street Address Apt. # Zip Code

Applicant's Cell Phone: _____ **Alternate Phone:** _____

Applicant's Email: _____

EMERGENCY CONTACT

Full Name: _____ **Relationship:** _____

Cell Phone: _____ **Email** _____

ADDITIONAL INFORMATION

Are you certified with East Bay Paratransit (EBP)? Y ☐ N ☐

If EBP certified, please attach copy of certification letter and indicate EBP client #: _____

If you require an attendant to ride with you, please provide their name: _____

Have you used Lyft or Uber before? Y ☐ N ☐

Do you use any of the following mobility aids or specialized equipment? (Please check all that apply)

- ☐ Cane
- ☐ Power Scooter/Wheelchair
- ☐ Crutches
- ☐ Portable Oxygen Tank
- ☐ Rollater/Walker
- ☐ White Cane
- ☐ Portable Oxygen Respirator
- ☐ Other: _____
- ☐ Folding Wheelchair
- ☐ Leg Brace(s)
- ☐ Service Animal
- ☐ Communication Devices/Board

Can you transfer from mobility aid (aids) to vehicle without assistance? Y ☐ N ☐

Do you require use of a lift to board? Y ☐ N ☐

List Condition(s) impacting mobility: _____

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. Participation in the program is subject to available funding. Program services, benefits, eligibility requirements, and availability may be modified, reduced, suspended, or discontinued at any time based on funding availability or program needs. Approval into the program does not guarantee continued participation or ongoing services.

Applicant's Signature: _____ **Date:** _____

Attendant Signature (if applicable): _____ **Date:** _____

ALMOST DONE..

PLEASE COMPLETE QUESTIONS ON THE BACK

PLEASE ANSWER THE FOLLOWING QUESTIONS

The demographic questions are intended to ensure individuals have equitable access to the City's services. Your response will not affect your acceptance into the program.

1.Self-identify your race/ethnicity:

- ☐ African American
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Filipino
- ☐ Hispanic or Latino
- ☐ Pacific Islander
- ☐ White
- ☐ Other : _____
- ☐ Decline to state

2. Check the primary language used in your household:

- ☐ English
- ☐ Spanish
- ☐ Cantonese
- ☐ Filipino or Tagalog
- ☐ Vietnamese
- ☐ Arabic
- ☐ Mandarin
- ☐ American Sign Language
- ☐ Other : _____
- ☐ Decline to state

3. How many people live in your household? _____

4. Do you live in a Housing Facility? **Y** ☐ **N** ☐

If yes, facility name: _____

5. Please check your annual household income group:

- ☐ $0 - $35,500
- ☐ $35,501 - $59,200
- ☐ $59,201 - $74,000
- ☐ $74,001 - $89,750
- ☐ $89,751 +
- ☐ Decline to state

6. Are you on any of the following forms of income/benefits assistance? (Check all that apply)

- ☐ Supplemental Security Income (SSI)
- ☐ Cash Assistance Program for Immigrants
- ☐ CalWorks
- ☐ General Assistance (GA)
- ☐ Medi-Cal or Medi-Care
- ☐ None
- ☐ Decline to state

7. If you need future information provided to you in an accessible format, please indicate which format:

- ☐ Large print
- ☐ Braille
- ☐ Other: _____

8. Do you own or rent your home?

- ☐ Own
- ☐ Rent
- ☐ Live with family

Please contact Paratransit Coordinator at (510) 747- 7513 if you have any questions.

Staff Use Only: Revised 3/2026

Processed in CityData: Y ☐ N ☐ **Photo ID Attached:** Y ☐ N ☐ **Card Photo Taken:** Y ☐ N ☐

Received by: _____**(Initials)** **Date:** _____ **Mailed or In Person (Circle)** **Entered in CDS:** Y ☐ **Date:** _____ **N/A** ☐

THANK YOU FOR YOUR INTEREST!