



Bar Code: _____

**CITY OF MISSION VIEJO
RECREATION AND COMMUNITY SERVICES DEPARTMENT**

Senior Dial-A-Taxi Program-Senior Mobility Program

APPLICATION FORM (Please print)

PARTICIPANT INFORMATION: (Each participant must complete an application form)

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ Apt. # _____ Zip Code: _____

Major Cross Streets: _____ and _____ Gate #: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Contact: _____ Phone: _____

ELIGIBILITY QUESTIONNAIRE: (Please answer every question)

<u>Office Only:</u>
Verified: _____
Verified: _____

1. Are you a **Mission Viejo Resident**? Yes No

2. Are you age **60 years or older**? Yes No

3. What is your date of birth? Month: _____ Day: _____ Year: _____

4. Do you need the taxi for dialysis, chemotherapy or radiation treatments? Yes No

5. Do you need the taxi for shopping, standard medical appointments, personal errands? Yes No

6. Does a personal attendant/escort accompany you on **ALL** trips? Yes No

Ofc Verified: _____

7. Do you use a wheelchair or mobility device? No Yes **Specify Type:** _____

8. Participant/or Responsible Party Signature: _____ **Date:** _____

Note: The City may require proof and/or written documentation in support of answers provided on this application.

RETURN TO: Norman P. Murray Community Senior Center
24932 Veterans Way, Mission Viejo, CA 92692

Approved: _____
CLASS Entered _____
PKT 2 sent _____
CYC notified _____

(OVER)



CITY OF MISSION VIEJO SENIOR DIAL-A-TAXI PROGRAM

WAIVER FORM

I hereby acknowledge that the City of Mission Viejo's Senior Dial-A-Taxi Program requires qualified residents to pay a nominal fee of **\$5.00** per **one-way trip** for any distance traveled within City limits and to **designated satellite destinations only**. (The total cost to the participant for a round trip is \$10.00 with fees paid directly to the taxi cab operator via cash or authorized credit card.) I also acknowledge that this service is designed to support the transportation needs of qualified residents for purposes of shopping, recreational/social activities, personal business and **standard** medical appointments. If choosing to use the **"second stop"/cab wait** service option, I understand that the "second stop" must be scheduled with the taxi dispatcher at the time of initial service request, be within one mile of the primary destination, scheduled on the return portion of a round trip within City limits and **not to exceed a 20 minute cab wait** time. Qualified residents must have an approved application form on file and be issued a Senior Dial-A-Taxi photo identification card before authorized to participate in the program.

I hereby voluntarily and of my own freewill relinquish and waive the right to make any claims or bring any legal action against the City of Mission Viejo or their officers, officials, consultants, contractors, employees and/or volunteers, for any injuries, damages, charges or expenses, including attorney's fees which might be sustained as a result of my voluntary participation in the City of Mission Viejo's Senior Dial- A-Taxi Program. I also acknowledge that the City of Mission Viejo reserves the right to refuse transportation service to anyone in non-compliance with the policies and procedures governing this pilot program. The City also reserves the right to modify the terms and conditions of this program without prior notice.

Please Print:

Name: _____

Address: _____ Apt #: _____ Zip: _____

Home Phone: _____ Cellphone: _____

Individual Completing Form: _____ Relationship: _____

Participant's (or Responsible Party's) Signature: _____ Date: _____

Emergency Contact Name(s): _____
(Other than spouse if traveling together **OR** not living in the same household)

Relationship: _____ Phone: _____

Please return this form to the Senior Transportation Supervisor at the address listed below. Upon application review, appointments will be scheduled to verify eligibility and process a Dial-A-Taxi photo identification card. For more information, please call **949-470-3062** or 949-470-3013.

Norman P. Murray Community and Senior Center
24932 Veterans Way, Mission Viejo, CA 92692
Attention: Senior Transportation Supervisor