



MODE Membership Application

Thank you for your interest in the MODE Program. Please read before beginning this application. There is no fee for MODE membership (for eligible Santa Monica residents only). Please note that the driver may arrive 15 minutes prior to or 15 minutes after the reserved pick-up or return time.

Required Documents: A valid picture ID and proof of Santa Monica residency is required. Acceptable proofs of residency are utility bills (gas, electric, water, trash), a copy of your lease agreement, or a property tax bill. Telephone or cable bills are not accepted. All statements must have a current, permanent address. Please do not submit bank or financial information.

Optional Documents: Proof of disability is required for applicants aged 18 - 64. Acceptable proofs of disability are TAP card for Persons with Disabilities (LACTOA card), Access Services ID card, Medicare ID card, Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI) letter or benefit check, and Disabled Veterans ID card.

Proof of income is required to qualify for the Low-Income Fare. Acceptable proofs of income are LIFE Program, Cal Fresh, EBT card, federal tax return, Medi-Cal card, proof of Lifeline, recent pay stub, SNAP, and W-2.

Membership application with required documents must be submitted in person at Blue: The Transit Store, 1444 4th Street, Santa Monica, CA 90401.

1. I live in Santa Monica.
 Yes

No

2. First Name (must match legal ID) _____

3. Middle Initial _____

4. Last Name _____

Please enter your date of birth. (To participate in MODE, you must be 65+ or 18+ with a disability.)

5. Date of Birth (MM/DD/YYYY) _____

6. Home Phone _____ 7. Cell Phone _____



8. Email _____ @ _____

9. Street Address (P.O. Boxes not accepted) _____

10. Apartment or Unit #, if applicable _____

11. City _____ 12. State _____ 13. Zip _____

Emergency Contact Information:

14. Emergency Contact Name _____

15. Emergency Contact Cell Phone (i.e., 310-394-9871) _____

16. Emergency Contact Relationship

- Spouse/Partner
- Son/Daughter
- Caregiver
- Friend
- Other Relative
- Other _____

Caregiver Information:

17. Caregiver Name _____

18. Caregiver Cell Phone (i.e. 310-394-9871) _____

19. Caregiver Street Address _____
(P.O. Boxes not accepted)

20. Apartment or Unit #, if applicable _____

21. City _____ 22. State _____ 23. Zip _____

Member Information:

24. Gender

- Male
- Female
- Transgender
- Non Binary
- Refuse to State

25. Veteran

- Yes
- No



26. Disability

No

Yes

27. I was referred by:

- | | |
|--|--|
| <input type="checkbox"/> I was not referred | <input type="checkbox"/> Meals on Wheels |
| <input type="checkbox"/> AARP | <input type="checkbox"/> Museum of African American Art (MAAA) |
| <input type="checkbox"/> Access | <input type="checkbox"/> Providence St. John's Hospital |
| <input type="checkbox"/> Adult Protective Services | <input type="checkbox"/> St. Joseph's Center |
| <input type="checkbox"/> Alzheimer's Los Angeles | <input type="checkbox"/> Santa Monica Emeritus College |
| <input type="checkbox"/> Big Blue Bus | <input type="checkbox"/> Santa Monica Housing Authority |
| <input type="checkbox"/> City of Santa Monica | <input type="checkbox"/> UCLA |
| <input type="checkbox"/> Community Corporation of Santa Monica | <input type="checkbox"/> Veteran's Administration |
| <input type="checkbox"/> Jewish Family Services | <input type="checkbox"/> WISE & Healthy Aging |
| <input type="checkbox"/> Los Angeles Housing Authority | <input type="checkbox"/> Other _____ |

28. Race/Ethnicity

- | | |
|--|---|
| <input type="checkbox"/> African American or Black | <input type="checkbox"/> Caucasian or White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Multiple Races (2 or more races) |
| <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Prefer Not to State |
| <input type="checkbox"/> Hispanic/Latino | |

29. Primary Language

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Chinese (Cantonese or Mandarin) | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Farsi | <input type="checkbox"/> Other _____ |

30. Language(s) you speak fluently (Check all that apply)

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Chinese (Cantonese or Mandarin) | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> Farsi | <input type="checkbox"/> Other _____ |



31. Annual income (ranges are for a single person):

NOTE: Applicants must provide proof of income to qualify for Low-Income Fare.

- | | |
|---|---|
| <input type="checkbox"/> Greater than \$70,650 | <input type="checkbox"/> Extremely Low (\$0 - \$26,500) |
| <input type="checkbox"/> Low (\$44,151 - \$70,650) | <input type="checkbox"/> Decline to State |
| <input type="checkbox"/> Very Low (\$26,501 - \$44,150) | |

32. Marital Status

- | | | |
|-----------------------------------|----------------------------------|------------------------------------|
| <input type="checkbox"/> Married | <input type="checkbox"/> Single | <input type="checkbox"/> Partnered |
| <input type="checkbox"/> Divorced | <input type="checkbox"/> Widowed | |

33. I have been fully vaccinated for COVID-19?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

34. Do you belong to any of the following? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Volunteer Ambassador | <input type="checkbox"/> Entertainment Industry Emp |
| <input type="checkbox"/> Peer Counselor | <input type="checkbox"/> UCLA Emeriti/Retiree |
| <input type="checkbox"/> WISE Minds | <input type="checkbox"/> Relations Center |
| <input type="checkbox"/> Club WISE Instructor | <input type="checkbox"/> Museum of African American |
| <input type="checkbox"/> WISE Board of Directors | <input type="checkbox"/> Art (MAAA) |
| <input type="checkbox"/> Intergenerational Tutor | <input type="checkbox"/> None of the Above |

35. I have a computer or tablet with access to the internet.

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

36. I have a cell phone with access to the internet.

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

37. I am interested in the following volunteer opportunities (Check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Administration (WISE Ambassador) | <input type="checkbox"/> Peer Navigator (Information & Referral) |
| <input type="checkbox"/> Instructor/Speaker | <input type="checkbox"/> Meal Service (in WISE Diner) |
| <input type="checkbox"/> Travel Buddy | <input type="checkbox"/> Not interested in volunteering at this time |
| <input type="checkbox"/> Intergenerational Tutor | |
| <input type="checkbox"/> Peer Counselor | |



38. How did you hear about our programs?

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Family/Friend | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> Walk-In |
| <input type="checkbox"/> Presentation | <input type="checkbox"/> Other _____ |

MODE Acknowledgment Statement

39. I acknowledge that I have been given and agree to the rules and regulations of the services provided by Big Blue Bus, Lyft, and the City of Santa Monica, and that the information provided on this application is correct and truthful.

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

40. I acknowledge receipt of the Code of Conduct, Consequences of Inappropriate Behavior, Grievance Procedure for Club Members, and the Photo & Filming Release, and the Release of Liability Statement.

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

41. Would you like to use the Lyft app for MODE?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

42. If so, what cell phone number would you like to use? _____

43. Number of people in your household (if you live alone, enter 1): _____

44. Total monthly (not annual) income: _____

45. Do you receive SSI?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

46. Can you walk without assistance (e.g. ambulatory)?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|



47. Do you require an attendant/escort?

Yes

No

Thank you for applying to Big Blue Bus's MODE Program. For questions, please contact 310.451.5444.

For Office Use

Date Received: _____ Processed by initials: _____