



MODE Membership Application

Thank you for your interest in the MODE Program. Please read before beginning this application. There is no application or membership fee for MODE, and eligibility is limited to Santa Monica residents.

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 a 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.

Member Information:

1. I live in Santa Monica.

☐ Yes

☐ No

2. First Name (must match legal ID): _____

3. Middle Initial: _____

4. Last Name: _____

5. Home Phone: _____ 6. Cell Phone: _____

7. Email Address: _____



8. 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 _____ |

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

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

10. Gender

- | | | |
|---------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> Transgender | <input type="checkbox"/> Prefer Not to State |
| <input type="checkbox"/> Female | <input type="checkbox"/> Non-Binary | |

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

12. Apartment or Unit #, if applicable _____

13. City _____ 14. State _____ 15. Zip _____

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

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

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

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

18. If you selected "Yes" for Question 17, please provide the cell phone number you would like to use for your Lyft account:

19. Disability

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



20. Please indicate any mobility devices you use to get around.

- | | |
|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Wheelchair | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Cane | |

21. Do you require assistance with entering or exiting a vehicle?

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

22. 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 | |

Emergency Contact Information:

23. Emergency Contact Name _____

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

25. Emergency Contact Relationship

- | | |
|---|---|
| <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Son/Daughter | <input type="checkbox"/> Other Relative |
| <input type="checkbox"/> Caregiver | <input type="checkbox"/> Other _____ |

Income Information:

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

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

- ☐ Less than \$53,000
- ☐ More than \$53,000
- ☐ Prefer Not to State

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



MODE Acknowledgment Statement

28. ☐ I acknowledge and agree to the rules and conditions 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.*

MODE Program Rules and Member Code of Conduct may be viewed online at: **bigbluebus.com/mode*

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: _____