



FOR OFFICE USE ONLY

MEMBER ID #

SANTA MONICA MODE PARATRANSIT APPLICATION

(CONFIDENTIAL DOCUMENT)

Last name:	First name:	Middle initial:
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Address:	Apt#:	Zip:
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Home phone #:	Cell phone #:	DOB:	Sex:
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Ethnicity:	(African American, Asian or Pacific Islander, Latino, White, Multiple Race/Ethnicity, Other, Refuse to State)
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Number of people in household:	Marital status:	Veteran (Y/N):
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Preferred language:	Dial-a-Ride ID: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Disability? (Y/N):	If yes, please specify:
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Do you travel with a Wheelchair? (Y/N/Sometimes):

Attendant required? (Y/N/Sometimes):

Total household monthly income: \$	Supplemental security income (SSI) (Y/N):
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Referred by: (check box and specify on line below)

Agency Individual Website Case Manager Other

(Indicate agency, individual, etc. here:)

Members who do not travel with a wheelchair are strongly encouraged to create a Lyft account.

If you already have a Lyft account, please provide the phone number & email address associated with your account

Phone Number:	Email Address:
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PARATRANSIT APPLICATION – PG. 2

Last Name:

Intended Payment Method: (please check the applicable boxes)

Non-Wheelchair members: Credit/Debit Card: Preferred Check: Cash:

Wheelchair or Door-through-Door members: Check: Cash: TAP Card: Preferred

Do you have a computer with internet? (Y/N):

Do you have a smartphone? (Y/N):

Emergency Contact Information:

Relationship to member:

Name:

Phone:

Email:

Name/Relationship of person completing application:

Name:

Relationship to member (Caretaker, Relative, etc.):

Comments/Special Circumstances

Please note: The member consents to using the services as provided, agrees to abide by all rules and regulations of the MODE Program, and releases both Wise & Healthy Aging & Big Blue Bus from responsibility.

Signature: _____

Date: _____

PLEASE MAIL OR FAX ADDITIONAL NECESSARY DOCUMENTS TO:

WISE & Healthy Aging, 1527 4th St., 2nd Floor, Santa Monica, CA 90401 | Fax: 310-395-0863

Please note: Some information may be shared with transportation provider as deemed necessary.

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Intake taken by: _____ Date: _____
Orientation completed by: _____ Date: _____
No orientation - letter and ID package transmitted to client by: _____ Date: _____
Enrollment/Program Date (date ID assigned) by: _____ Date: _____
Transmittal faxed to Operations Provider by: _____ Date: _____
Letter to Day Care Client/Care Giver Transmitted by: _____ Date: _____
Q - Computer Input by: _____ Date: _____

Orientation Exit Status: (Please check one box)

- Lyft account created, waiting for code. If applicable, different phone # or email than on application?

- Lyft intent, missing _____
- Lyft intent, phone room account with SafeRide
- Non-ambulatory with intended payment by: _____
- Incomplete application. Missing: _____