



City of San Leandro

2022 - 2023 FLEX RIDES Membership Renewal Application

SAN LEANDRO



FLEX RIDES

YOUR COMMUNITY CONNECTION - SU CONEXIÓN COMUNITARIA - 您的社區連繫服務

Thank you for your interest in renewing your FLEX RIDES membership!
You may submit this renewal application via mail or in person.

IMPORTANT

Your 2021 - 2022 FLEX annual membership expires on June 30, 2022.

To continue using FLEX RIDES, you must renew your FLEX RIDES membership no later than June 30, 2022.

Rider's Name: _____ Gender: _____

Address: _____ Zip code: _____

Cell Phone: _____ Alternate Phone: _____

Birthdate: _____ Email Address: _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Cell Phone: _____ Alternate Phone: _____

Email: _____

Are you certified with East Bay Paratransit (EBP)? Yes No

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

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

Have you used Lyft or Uber before? Yes No

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

Cane Walker Wheelchair Power Scooter White Cane Leg Braces
Crutches Portable Oxygen Respirator Service Animal Portable Oxygen Tank Other: _____

Can you transfer from mobility aid (aids) to vehicle without assistance? Yes No

Do you require use of FLEX Shuttle Lift to board? Yes No

List Condition(s) impacting mobility: _____

Release of Liability: I, the undersigned, in consideration of participation in the program(s) listed above, agree to indemnify and hold the City of San Leandro ("City") harmless, and hereby release, hold harmless, waive, and forever discharge the City and its employees, officers, agents, and volunteers from any and all liability, claims, damages, debts, claims or causes of action, loss, expenses and costs (including attorneys' fees) and demands, in law or in equity, including but not limited to injury for any injury, illness, death, damage or loss which may be suffered by the above named individual(s) arising out of or in any way connected with participation in the above program(s). I acknowledge and agree that the City shall have the right to photograph or record its activities and events for publicity and authorize the use of my name, image and likeness in connection therewith, by the City. Additionally, I fully understand that my participation in the above-referenced activity exposes me to the risk of personal injury, death, infection, communicable diseases (including COVID-19), illnesses, viruses, and/or property damage may result from the actions, omissions, or negligence of myself and others connected with participation in the above program(s). I acknowledge that I am aware of the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 connected with participation in the above program(s), and that such exposure or infection may result in personal injury, illness, permanent disability, and death. By signing this release, I hereby acknowledge that I am voluntarily participating in this activity and agree to assume any such risks. I agree that, in the event that I suspect I became exposed to or infected by COVID-19, or any other illness or virus connected with participation in the above program(s), I elect to seek testing and/or treatment as a result therefrom and I will be responsible for payment of any and all medical services and testing services.

Signature: _____

Date: _____

Signature of Attendant, if applicable: _____

Please answer questions on the back of this application. ➡

Please answer the following questions:

The demographic questions are intended 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
- Native American
- Asian
- Filipino
- Hispanic or Latino
- Pacific Islander
- White Not Hispanic
- Two or more races

- 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 Housing Facility? Y or N

If yes, Facility Name: _____ Facility Phone: _____

5. Please check your annual household income group.

- \$0 - \$41,000
- \$41,001-\$62,000
- \$62,001-\$74,000
- \$74,001-\$95,000
- \$95,001-\$123,000
- \$123,001- \$148,000
- \$148,000 +
- 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 (CAPI)
- CalWorks
- General Assistance (GA)
- Medi-Cal
- None
- Decline to state

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

- Large print
- Audiotape
- Braille
- CD/Electronic File
- N/A

Please contact FLEX RIDES Staff at (510) 577- 7985 if you have any questions.

Thank you!

Staff Use Only: Processed in Active Net (initials): _____ Date: _____
Photo Taken: Y <input type="checkbox"/> N <input type="checkbox"/> Date Card Issued: _____ <i>Mail or In-Person (circle one)</i>
Entered in ROD Y <input type="checkbox"/> N/A <input type="checkbox"/> Date: _____ Rev 3/2022