



City of San Leandro Flex Paratransit Program

(New Membership Application Only)



Avoid delay in processing your application. Send all required supporting documents and payment with your application: Must be 60 years of age or older, or at least 18 years old and East Bay Paratransit certified to ride the FLEX Shuttle.

- Attach Proof of Date of Birth & residency
- Provide East Bay Paratransit Certification number, expiration date and copy of certification if applicable
- Enclose Annual Registration fee of \$20. Make check payable to City of San Leandro. Please do not send cash in the mail.

***Note: You must renew your FLEX registration by June 30 of each year to continue using the FLEX services.**

Name: _____ Male / Female Birth Date: _____
 First Last Middle Initial (Circle One) (mm/dd/yy)

Address: _____
 Street Apt # City Zip code

Applicant's Cell Phone: (____) _____ Home Phone: (____) _____

Email address: _____

In case of Emergency, whom should we contact?

Name: _____ Relationship: _____

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

Do you travel with the assistance of an attendant? Yes No

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 Respirator

Service Animal Portable Oxygen Tank Other _____

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

List Condition(s) impacting mobility: _____

*I affirm that the information on this form is true and understand that any false information provided may be grounds for termination from the **City of San Leandro Flex Shuttle Program**.*

In consideration of my participation in the program I agree to indemnify and hold the City of San Leandro harmless, and release the City and its employees and agents from any and all liability for any injury or loss which may be suffered arising out of my participation in the program.

Signature: _____ **Date:** ____/____/____ (mm/dd/yy)

Staff Use Only:

Processed in Active Net: Yes _____ No _____ Annual Fee Paid: Yes _____ No _____

Identification (**Copy attached**): Yes _____ No _____ Photo Taken: Yes _____ No _____

Entered in HOP (Check here) Date entered: _____ Card issued by: _____ Date: _____ Mailed/In Person (circle 1)

Please complete the questions on the reverse side.

Please answer the following questions:

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. 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

Thank you!