



# City of San Leandro FLEX Paratransit Program



## NEW MEMBERSHIP APPLICATION ONLY

**Must be 50 years of age or older, or at least 18 years old and East Bay Paratransit certified to ride the FLEX Shuttle. To avoid a delay in processing your application, please submit all required supporting documents with your application:**

- Attach Proof of Date of Birth & residency
- Provide East Bay Paratransit Certification number, expiration date and copy of certification if applicable

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

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
First Last Middle Initial Gender (mm/dd/yy)

Address: \_\_\_\_\_  
Street Apt # City Zip code

Applicant's Cell Phone: \_\_\_\_\_ Alternate 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

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 release the City and its employees, agents, and volunteers from any and all liability for any injury 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 that City takes photographs or other recordings of its activities and events for publicity and authorize the use of my image by the City.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (mm/dd/yy)

Signature of Attendant, if applicable: \_\_\_\_\_ Date: \_\_\_\_\_ (mm/dd/yy)

**Please complete the questions on the reverse side. Thank You.**

### Staff Use Only:

Processed in Active Net: Y  N  Photo ID (Copy attached): Y  No  Card Photo Taken: Y  No

Card issued by: \_\_\_\_\_ (Initial) Date: \_\_\_\_\_ Mailed or In Person (circle ) Entered in ROD Yes  Date: \_\_\_\_\_ N/A  Rev 2/2020

**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!**

