



**City of Aliso Viejo
Senior Mobility
Program
(Transportation)
Information
and
Registration
Packet**



City of Aliso Viejo Senior Mobility Program

GENERAL DESCRIPTION: Through OCTA Measure M2 funding, this service provides transportation service through a City contract with California Yellow Cab to and from the Sea Country Senior and Community Center in Laguna Niguel, the Florence Sylvester Senior Center in Laguna Hills, and Iglesia Community Center in Aliso Viejo **ONLY**. This program provides curb-to-curb service on demand from 9:00 a.m. - 4:00 p.m., Monday through Friday, excluding holidays.

Please note: *This program DOES NOT currently provide transportation for medical appointments or for social/community excursions. Applications are available for non-emergency medical transportation through the City of Aliso Viejo from Jasmine Brown at jbrown@cityofaliso Viejo.com*

ELIGIBILITY: This program is open to Aliso Viejo residents, ages 60 and older

FUNDING: Orange County Transportation Authority (OCTA) from Measure M2, Orange County's half-cent sales tax for transportation improvements, including Project U which provides funding for senior/disabled programs including the SMP. One percent of net sales tax revenue is allocated to participating cities, including Aliso Viejo, based upon the percentage of the senior population of the city as determined by the most current decennial Census information.

Senior Mobility Program Application Process

- Aliso Viejo residents aged 60 and older or their designated caregiver (family member/Power of Attorney-POA) may apply for the City's Senior Mobility Program (SMP) for resident.

A fully completed registration packet is required & includes:

- Senior Mobility Program Registration Form (signature required)
- City of Aliso Viejo Senior Mobility Program Waiver (signature required)

Please keep Senior Mobility Program information & holiday schedule for your reference.

- Please return or scan the fully completed documents to:

Jasmine Brown, C.S. Coordinator
12 Journey, Suite 100, Aliso Viejo, CA 92656
jbrown@cityofaliso Viejo.com

SCHEDULING: Once the application is reviewed and processed, the applicant will be contacted by Melissa Gomez from CA Yellow Cab to review and schedule your transportation needs.

SCHEDULING ISSUES: Any questions related to scheduling your Standing Order should be directed to Melissa Gomez at 714-427-2555 x307 and On-Demand service at 1-877-538-7959.



Senior Mobility Program Registration Form

The City of Aliso Viejo Senior Mobility Program provides free door-to-door transportation service from the AV resident's home to Sea Country Senior & Community Center in Laguna Niguel and/or Florence Sylvester Senior Center in Laguna Hills for participation in nutrition and other programs. Transportation is available Monday through Friday, 9:00 a.m. - 4:00 p.m., excluding observed holidays.

*The City contracts with CA Yellow Cab for transportation services. **PLEASE PRINT CLEARLY.*** Please complete and sign **all two (2) pages** prior to submitting your registration form to the City of Aliso Viejo (address and email on first page of packet).

Please note: Incomplete forms will be returned to applicant.

Last Name: _____ First Name: _____

Today's Date: _____ Gender: Male Female

Address: _____ Apartment/Unit #: _____

City: _____ Zip Code: _____

Home Phone: (_____) _____ Cell: (_____) _____

1. Is the rider an Aliso Viejo resident? Yes No Office Verified _____

2. What is his/her date of birth? Month _____ Day _____ Year _____ Office Verified _____

Does he/she have any physical or functional limitations? If yes, please describe: _____

3. Does he/she require a mobility device or special equipment for transport? Yes No

Please check all that apply: **(Sorry, we cannot accommodate scooters or motorized wheelchairs)**

Cane _____ Walker _____ Oxygen _____ Other (Please describe): _____

4. Will a personal care attendant or assistant be traveling with him/her? Yes No

5. Do you require door-to-door assistance? Yes No

6. Emergency Contact Name #1: _____

Emergency Contact Relationship: _____ Phone#: _____

Emergency Contact Name #2: _____

Emergency Contact Relationship: _____ Phone #: _____

My signature verifies that all information in this application to be true.

APPLICANT SIGNATURE/OR RESPONSIBLE PARTY

DATE

Please print name: _____



CITY OF ALISO VIEJO SENIOR MOBILITY PROGRAM WAIVER

I hereby acknowledge that the City of Aliso Viejo is providing transportation services free of charge through its Senior Mobility Program (the "Program") and that I am voluntarily participating in the Program. In consideration of the City's allowing me to participate in the Program, I do hereby forever waive, release, and discharge the City of Aliso Viejo, all of its respective officers, clients, agents, employees, and volunteers ("Indemnitees") from any and all claims, damages, liability, or losses, including bodily injury, property damage, or any other injury or loss to myself which might be sustained as a result of my participation in the Program.

In consideration for my ability to participate in the Program, I voluntarily agree to indemnify the Indemnitees from all claims brought by third parties and from all resulting judgments, liabilities, losses, costs and expenses, including costs of defense and reasonable attorneys' fees by counsel of Indemnitees' choice that in any manner arises from my negligence or willful misconduct or from the negligent acts or omissions of the Indemnitees. It is understood and agreed that this waiver, release, and assumption of risk is to be binding on my executors, heirs, administrators, and assigns.

I also give my permission to the City of Aliso Viejo to photograph me participating in this event for use in future City publicity or media releases, and I understand that I will not receive any compensation for such use.

I CERTIFY THAT I HAVE CAREFULLY READ AND UNDERSTAND THE CONTENTS OF THIS WAIVER AND RELEASE. I UNDERSTAND THAT I AM GIVING UP VALUABLE LEGAL RIGHTS. I KNOWINGLY AND VOLUNTARILY GIVE UP THESE RIGHTS OF MY OWN FREE WILL.

Client Signature/or Responsible Party

Date

PLEASE PRINT CLEARLY:

Name: _____ Date: _____

Address: _____

City: _____ Zip Code: _____ Phone: (____) _____

**CITY OF ALISO VIEJO SENIOR MOBILITY PROGRAM
OBSERVED HOLIDAY SCHEDULE 2018**

Transportation is available Monday through Friday, 9:00 a.m. - 4:00 p.m., **excluding** the following observed holidays:

MONDAY, JANUARY 1	New Year's Day Observed
MONDAY, JANUARY 15	Martin Luther King Day Observed
MONDAY, FEBRUARY 19	Presidents' Day Observed
MONDAY, MAY 28	Memorial Day
WEDNESDAY, JULY 4	Independence Day
MONDAY, SEPTEMBER 3	Labor Day
MONDAY, NOVEMBER 12	Veterans' Day
THURSDAY, NOVEMBER 22	Thanksgiving Day
FRIDAY, NOVEMBER 23	Family Day
MONDAY, DECEMBER 24	Christmas Eve
TUESDAY, DECEMBER 25	Christmas

PLEASE RETURN OR SCAN YOUR COMPLETED REGISTRATION & WAIVER FORMS

TO: City of Aliso Viejo

Community Services Department
12 Journey, Suite 100
Aliso Viejo, CA 92629
jbrown@cityofaliso Viejo.com

For additional senior transportation & program information, please contact:
Jasmine Brown (City of Aliso Viejo) 949-425-2537