



TRIPS TRANSPORTATION SERVICES PROCEDURE

ELIGIBILITY

TRIPS transportation services are available to individuals that meet the following eligibility criteria:

- Current full-time resident of Irvine;
- A person with a disability 18 years of age or older; and
- Unable to drive due to a physical and/or cognitive disability.

INSTRUCTIONS

1. To apply for TRIPS transportation services, submit your completed application packet with the following items:
 - Completed TRIPS Transportation Services Application (FORM 55-24)
 - Completed TRIPS Transportation Services Medical Verification (FORM 55-25) or physician's note to verify you are unable to drive due to a physical and/or cognitive impairment
 - Completed TRIPS Transportation Services Participant Agreement (FORM 55-22)
 - Verification of age (copy of birth certificate, senior citizen's I.D. card, expired driver's license, passport, or other legal document that indicates age or date of birth)
 - Registration fees (see below)
2. Once all completed application materials and fees are received, a TRIPS representative will contact you by phone on the status of your application.
3. After program eligibility has been confirmed, your payment will be processed. A welcome packet and receipt will be mailed to the address provided.

FEES

Initial registration is \$55 (\$25 for registration and \$30 for ride ticket) **PLUS** convenience fee as stated below. Fees must be paid when submitting your application packet.

- **Registration \$25** As of July 1, 2019, a convenience fee will be added to all transactions over \$20: \$1.00
- **Ride Ticket \$30** for cash/check; \$2.50 for credit/debit. Please note, this fee is applicable for TRIPS
- **Renewal \$20 (Annually)** registration and ride ticket purchases, and do not apply to fare costs.

PAYMENTS

Payments can be made in the form of check, cash, or credit/debit card. Remember to include the convenience fee for transactions over \$20 (\$1.00 for cash/check; \$2.50 for credit/debit). Completed application packets must be received by the TRIPS office before payment will be accepted.

CHECK: Check payments can be mailed or dropped off in-person; Payable to CITY OF IRVINE
Include convenience fee of \$1.00, if over \$20

CASH: Cash payments are accepted for walk-ins only
Include convenience fee of \$1.00, if over \$20

CREDIT/DEBIT: Credit/Debit Card payments can be made over the phone or in-person
Include convenience fee of \$2.50, if over \$20

DELIVERY METHODS

Completed application packets can be submitted via mail, walk-in, or email. For questions, please call 949-724-7433.

MAIL: City of Irvine
TRIPS
6427 Oak Canyon
Irvine, CA 92618

WALK-IN: Operations Support Facility
Building 1 - TRIPS
6427 Oak Canyon
Irvine, CA 92618

EMAIL: trips@cityofirvine.org



TRIPS TRANSPORTATION SERVICES APPLICATION

Please print clearly. All fields must be completed and the last page must be signed prior to processing your application. Incomplete applications will be returned.

LAST NAME*		FIRST NAME*		DATE OF BIRTH	
ADDRESS*				HOME PHONE*	
CITY		STATE	ZIP	MOBILE PHONE*	
EMAIL*				GENDER	
				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	

CHECK ALL THAT APPLY

- I AM A CURRENT FULL-TIME RESIDENT OF IRVINE
- I AM A PERSON WITH A DISABILITY AGE 18 OR OLDER
- I AM UNABLE TO DRIVE DUE TO A PHYSICAL AND/OR COGNITIVE DISABILITY

SELECT ANY MEDICAL CONDITIONS/SPECIAL NEEDS

- | | |
|---|--|
| <input type="checkbox"/> ANXIETY | <input type="checkbox"/> EPILEPSY |
| <input type="checkbox"/> ARTHRITIS | <input type="checkbox"/> HEARING LOSS |
| <input type="checkbox"/> BALANCE/MOBILITY | <input type="checkbox"/> LANGUAGE BARRIERS |
| <input type="checkbox"/> CARDIOVASCULAR | <input type="checkbox"/> MOBILITY MOTOR |
| <input type="checkbox"/> COGNITIVE/MEMORY LOSS | <input type="checkbox"/> MULTIPLE SCLEROSIS (MS) |
| <input type="checkbox"/> DEVELOPMENTALLY DISABLED | <input type="checkbox"/> PARKINSON'S |
| <input type="checkbox"/> DIABETES | <input type="checkbox"/> VISUALLY IMPAIRED |
| <input type="checkbox"/> DIALYSIS | <input type="checkbox"/> OTHER _____ |

LIVING ARRANGEMENTS

- ALONE WITH OTHERS DECLINED TO STATE

HOME PET

- NO YES; Specify _____

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TRIPS TRANSPORTATION SERVICES APPLICATION

ARE YOU REGISTERED WITH THE FOLLOWING SERVICES?

OCTA ACCESS SERVICE: YES NO AGE WELL TRANSPORTATION SERVICE: YES NO

TRANSPORTATION USED

- | | |
|--|--|
| <input type="checkbox"/> OCTA ACCESS SERVICE | <input type="checkbox"/> FAMILY MEMBER |
| <input type="checkbox"/> AGE WELL TRANSPORTATION SERVICE | <input type="checkbox"/> FRIEND |
| <input type="checkbox"/> TAXI | <input type="checkbox"/> NONE |
| <input type="checkbox"/> IRVINE SENIOR CENTER | <input type="checkbox"/> OTHER _____ |

WHAT ARE YOUR ESSENTIAL TRANSPORTATION NEEDS? (Check all that apply)

- | | | |
|---|----------------------------------|--|
| <input type="checkbox"/> MEDICAL APPOINTMENTS | <input type="checkbox"/> BANKING | <input type="checkbox"/> SENIOR CENTER |
| <input type="checkbox"/> GROCERY SHOPPING | <input type="checkbox"/> SCHOOL | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> PHARMACY | <input type="checkbox"/> WORK | |

HOW OFTEN DO YOU ANTICIPATE USING TRIPS SERVICE?

- DAILY WEEKLY MONTHLY ONCE EVERY FEW MONTHS NOT SURE

TIME OF DAY

- 7:00 A.M. - NOON NOON - 5:00 P.M. FLEXIBLE

DO YOU REQUIRE A MOBILITY DEVICE OR SPECIAL EQUIPMENT FOR TRANSPORT?

- | | | |
|-------------------------------------|---|--------------------------------------|
| <input type="checkbox"/> WHEELCHAIR | <input type="checkbox"/> ELECTRIC WHEELCHAIR | <input type="checkbox"/> NONE |
| <input type="checkbox"/> WALKER | <input type="checkbox"/> SERVICE ANIMAL | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> CANE | <input type="checkbox"/> LEG/ARM BRACES | |
| <input type="checkbox"/> OXYGEN | <input type="checkbox"/> ELECTRIC 3 WHEEL SCOOTER | |

IF YOU UTILIZE AN ELECTRIC WHEELCHAIR OR SCOOTER, PROVIDE THE FOLLOWING INFORMATION

MAKE _____ WIDTH _____ LENGTH _____
MODEL _____ WEIGHT _____

