COMMUNITY SERVICES



# **TRIPS TRANSPORTATION SERVICES PROCEDURES**

#### **ELIGIBILITY**

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

Current full-time resident of Irvine;

TRIPS

- 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 55-25A) 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	WALK-IN:	Operations Support Facility	EMAIL: trips@cityofirvine.org
	TRIPS		Building 1 - TRIPS	
	6427 Oak Canyon		6427 Oak Canyon	
	Irvine, CA 92618		Irvine, CA 92618	

COMMUNITY SERVICES

TRIPS



# **TRIPS TRANSPORTATION SERVICES APPLICATION**

Please print clearly. All fields <u>must</u> be completed and the last page <u>must</u> be signed prior to processing your application. Incomplete applications will not be accepted.

LAST NAME*	FIRST NAME*		DATE OF BIRTH	
ADDRESS*			HOME PHONE*	
CITY	STATE	ZIP	MOBILE PHONE*	
EMAIL*			GENDER	
			MALE FEMALE	
PROOF OF AGE VERIFICATION				
To verify age, attach a copy of y	our government-	issued ID.		
CHECK ALL THAT APPLY				
🗌 I AM A CURRENT FULL-TIM	E RESIDENT OF IRV	/INE		
	SABILITY AGE 18 O	R OLDER		
I AM UNABLE TO DRIVE DU	E TO A PHYSICAL	AND/OR COO	GNITIVE DISABILITY	
I REQUIRE A SELF PROVIDED PERSONAL CARE ATTENDANT (COMPLETE INFORMATION BELOW)				
NAME OF PERSONAL CARE ATTENDANT* PHONE OF PERSONAL CARE ATTENDANT*				
ARE YOU REGISTERED WITH THE FOLLOWING SERVICES?				
OCTA ACCESS SERVICE: YES NO AGE WELL TRANSPORTATION SERVICE: YES NO				
DO YOU REQUIRE A MOBILITY DEVICE OR SPECIAL EQUIPMENT FOR TRANSPORT?				
	LECTRIC WHEELCI	HAIR	LEG/ARM BRACES	
	LECTRIC 3 WHEEL	SCOOTER		
CANE SERVICE ANIMAL				

### **TRIPS TRANSPORTATION SERVICES APPLICATION**

EMERGENCY CONTACT NAME*	RELATIONSHIP*
1.	
HOME PHONE*	MOBILE PHONE*
EMERGENCY CONTACT NAME*	RELATIONSHIP*
2.	
HOME PHONE*	MOBILE PHONE*

### MY SIGNATURE BELOW VERIFIES ALL INFORMATION PROVIDED IN THIS APPLICATION TO BE TRUE.

<b>APPLICANT</b>	SIGNATURE*
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DATE

-**OR**-CAREGIVER/GUARDIAN SIGNATURE\* ON BEHALF OF APPLICANT

FOR OFFIC	EUSEONLY STAFF	INTRO LETTER APPLICATION AGREEMENT FORM	RIDE TICKET INFO  FARES/ZONES INFO  ALT. TRANS. INFO	RECEIVED	STAFF	APPLICATION     AGREEMENT FORM     VERIFICATION OF AGE     PHYSICIAN VERIFICATION     \$25 REGISTRATION FEE
						\$30 TICKET FEE
DATE	STAFF	REGISTRATION RECEIPT	WELCOME LETTER	DATE	STAFF	