



TRIPS SENIOR CENTER EXPRESS PROCEDURES

ELIGIBILITY

TRIPS Senior Center Express services are available to individuals that meet the following eligibility criteria:

- Current full-time resident of Irvine;
- A person 65 years of age or older.

INSTRUCTIONS

1. To apply for TRIPS Senior Center Express services, submit your completed application packet with the following items:
 - Completed TRIPS Senior Center Express Application (FORM 55-26)
 - 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 and processed, a TRIPS representative will contact you by phone with your official start date.

FEES

Initial registration is \$40 (\$10 for registration and \$30 for ride ticket) **PLUS** convenience fee as stated below. Fees must be paid when submitting your application packet.

- **Registration \$10** 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 \$10 (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 or walk-in. 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



TRIPS SENIOR CENTER EXPRESS 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					
<input type="checkbox"/> I AM A CURRENT FULL-TIME RESIDENT OF IRVINE					
<input type="checkbox"/> I AM 65 YEARS OF AGE OR OLDER					
<input type="checkbox"/> I REQUIRE A SELF PROVIDED PERSONAL CARE ATTENDANT (COMPLETE INFORMATION BELOW)					
NAME OF PERSONAL CARE ATTENDANT*			PHONE OF PERSONAL CARE ATTENDANT*		
DO YOU REQUIRE A MOBILITY DEVICE OR SPECIAL EQUIPMENT FOR TRANSPORT?					
<input type="checkbox"/> WHEELCHAIR		<input type="checkbox"/> ELECTRIC WHEELCHAIR		<input type="checkbox"/> LEG/ARM BRACES	
<input type="checkbox"/> WALKER		<input type="checkbox"/> ELECTRIC 3 WHEEL SCOOTER		<input type="checkbox"/> NONE	
<input type="checkbox"/> CANE		<input type="checkbox"/> SERVICE ANIMAL		<input type="checkbox"/> OTHER: _____	
EMERGENCY CONTACT NAME*			RELATIONSHIP*		
1.					
HOME PHONE*			MOBILE PHONE*		

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TRIPS SENIOR SERVICES EXPRESS APPLICATION

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

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

APPLICANT SIGNATURE*

DATE

-OR-

CAREGIVER/GUARDIAN SIGNATURE*
ON BEHALF OF APPLICANT

FOR OFFICE USE ONLY			
SENT	<input type="checkbox"/> INTRO LETTER <input type="checkbox"/> APPLICATION <input type="checkbox"/> AGREEMENT FORM <input type="checkbox"/> REG INFO	RECEIVED	<input type="checkbox"/> APPLICATION <input type="checkbox"/> AGREEMENT FORM <input type="checkbox"/> VERIFICATION OF AGE <input type="checkbox"/> \$10 REGISTRATION FEE <input type="checkbox"/> \$30 TICKET FEE
_____ DATE	_____ STAFF	_____ DATE	_____ STAFF
_____ DATE	_____ STAFF	_____ DATE	_____ STAFF
	<input type="checkbox"/> REGISTRATION RECEIPT <input type="checkbox"/> \$30 TICKET W/ RECEIPT	<input type="checkbox"/> WELCOME LETTER <input type="checkbox"/> POLICIES AND INFO	<input type="checkbox"/> COMPUTER INPUT