



TRANSPORTATION SERVICES APPLICATION PROCEDURES

Eligibility

WeRide

- Current full-time resident of Irvine
- 60 years of age or older

TRIPS

- Current full-time resident of Irvine
- Adults 18 and older with a physical or cognitive disability which prevents them from driving and be able to provide the following:
 1. Provide proof of age and residency; and
 2. Submit medical verification confirming eligibility

Application Instructions

To apply for TRIPS and WeRide services, submit a completed application packet including:

1. Completed Transportation Services Application (FORM 55-26)
2. Completed Transportation Services Participant Agreement (FORM 55-22)
3. Verification of age (copy of birth certificate, state-issued I.D. card, expired driver's license, passport, or other legal document that indicates age or date of birth)

Membership & Donations

- Membership fee of \$20 annually
 - Suggested donation of \$5 per trip
- The service is free. Donations are voluntary and help support the program.*

Payments

Completed application packet must be received before payment can be accepted. Accepted payment methods:

- CHECK:** Payable to City of Irvine (Attn. Transportation Services)
May be mailed or dropped off in-person
- CASH:** Accepted in-person only
- CREDIT/DEBIT:** Accepted in-person or over the phone

Delivery Methods

Completed application packets can be submitted by:

- | | | |
|---|--|--|
| MAIL:
City of Irvine
Attn: Transportation Services
17101 Armstrong Avenue
Irvine, CA 92614 | IN-PERSON:
At any Irvine Older Adult Center
(Lakeview, Rancho, Trabuco) | ONLINE:
cityofirvine.org/transportationservices |
|---|--|--|

Questions

For assistance, please call Transportation Services at 949-724-7433.



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

PROOF OF AGE VERIFICATION

To verify age, attach a copy of your government-issued ID.

CHECK ALL THAT APPLY

- I AM A CURRENT FULL-TIME RESIDENT OF IRVINE*
- I AM 60 YEARS OF AGE OR OLDER
- I AM A PERSON AGE 18-59 UNABLE TO DRIVE DUE TO PHYSICAL AND/OR COGNITIVE DISABILITY.
- 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?

- WHEELCHAIR ELECTRIC WHEELCHAIR LEG/ARM BRACES
- WALKER ELECTRIC 3 WHEEL SCOOTER WHEELCHAIR LIFT
- CANE SERVICE ANIMAL NONE/OTHER: _____

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

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TRANSPORTATION SERVICES 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	
<p>SENT</p> <p> <input type="checkbox"/> INTRO LETTER <input type="checkbox"/> APPLICATION <input type="checkbox"/> AGREEMENT FORM <input type="checkbox"/> REG INFO <input type="checkbox"/> REGISTRATION RECEIPT </p> <p> _____ DATE STAFF </p> <p> _____ DATE STAFF </p>	<p>RECEIVED</p> <p> <input type="checkbox"/> APPLICATION <input type="checkbox"/> AGREEMENT FORM <input type="checkbox"/> VERIFICATION OF AGE <input type="checkbox"/> PHYSICIAN VERIFICATION <input type="checkbox"/> \$20 MEMBERSHIP FEE <input type="checkbox"/> COMPUTER INPUT </p> <p> _____ DATE STAFF </p> <p> _____ DATE STAFF </p>