

COMMUNITY BRIDGES - LIFT LINE APPLICATION

APPLICANT INFORMATION

First Name:	Middle Name:	Last Name:
Date of birth:	Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Home Phone Number:
Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (specify): _____		Cell Phone Number:

PICK UP ADDRESS (WHERE YOU WILL BE PICKED UP FOR TRANSPORTATION)

Current Home Address:		
City:	State:	ZIP Code:
House	Apartment Complex	Mobile Home Park
Nursing Home	<i>(Please circle) Other: _____</i>	

MAILING ADDRESS (IF DIFFERENT FROM PICK UP ADDRESS)

Mailing Address (check here if same as above <input type="checkbox"/>):		
City:	State:	ZIP Code:

EMERGENCY CONTACT

Name of a relative:	Home Phone Number:
Address:	Cell Phone Number:
City:	State:
Relationship:	
ZIP Code:	

DEMOGRAPHICS

Race/Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> African-American <input type="checkbox"/> Latino <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other(specify): _____		
Annual Household Income:	Household size:	Sex: Male Female NA

TRANSPORTATION INFORMATION

Are you ambulatory (able to move around)?	Do you use a wheelchair?
Size of wheelchair?	If so, are you able to transfer?
Do you use any type of aids? <input type="checkbox"/> Walker <input type="checkbox"/> Cane <input type="checkbox"/> Service dog <input type="checkbox"/> Other (Specify): _____	
Disability type: <input type="checkbox"/> Alzheimer <input type="checkbox"/> Dementia <input type="checkbox"/> Hearing impaired <input type="checkbox"/> Mental disability <input type="checkbox"/> Physical disability <input type="checkbox"/> Stroke <input type="checkbox"/> Visual impairment	
<input type="checkbox"/> Other (Specify): _____	

REQUIRED DOCUMENTS/VERIFICATION

Are you under the age of 60 <i>(Please circle)</i> ? Yes No	
If you are under the age of 60, you will need to provide proof of disability with your application: <input type="checkbox"/> Doctor's note <input type="checkbox"/> ParaCruzID <input type="checkbox"/> State Disability <input type="checkbox"/> Other (Specify): _____	
Income verification (please include copy with application): <input type="checkbox"/> Income Tax <input type="checkbox"/> Social Security <input type="checkbox"/> Other (Specify): _____	

PLEASE COMPLETE THE FOLLOWING IF PERSON OTHER THAN APPLICANT FILLED OUT THE APPLICATION

Name:	Title:
Relationship to client:	Date:
Signature:	

SIGNATURES

By signing below I certify that the information contained herein is accurate to my knowledge:	
Print Name:	Date:
Signature of applicant:	

OFFICE USE ONLY

Date received:	Approved for: <input type="checkbox"/> TDA <input type="checkbox"/> OOC <input type="checkbox"/> VA <input type="checkbox"/> TS _____	Letter sent date:	Database Entry:
Received by:	<input type="checkbox"/> Other: _____ Approved by:	Initials:	Initials:

Dear Applicant:

Thank you for your interest in the Community Bridges – **Lift Line Medical Ride Programs**. It is Lift Line's goal to provide our clients with accessible transportation medical ride services. Currently, Lift Line is able to offer a limited number of medical-purpose rides at no cost to qualifying low-income participants. These rides are for appointments with accredited medical professionals or for other approved medical programs or purposes. Please read the following information regarding this service.

Scrip recipients are provided with a monthly allotment of Scrip to use in place of cash when traveling aboard taxicabs in the Santa Cruz County. Currently, Deluxe Taxi, Yellow Cab both of Santa Cruz, and Courtesy Cab of Watsonville participate in the Lift Line Taxi Scrip Program. Scrip can be used with any of these three companies. The taxi driver will inform you of your fare at the completion of your ride. You may pay the driver with Scrip or with a combination of Scrip and cash. If eligible, your cost for receiving Taxi Scrip may depend on your household income. Individuals with incomes under 200% of the Federal Poverty Level (FPL), your rate will be set at \$8 per month for \$30.00 worth of Scrip (three books of \$10.00 each). If your income is between 200% and 300% of the FPL, your rate will be \$16 for \$30 worth of Scrip.

Eligibility Requirements

- 1) Resident of Santa Cruz County
- 2) 60+ years of age or disabled determined by:
 - a) Medical Health & Physical (H&P) form or Physicians Document
 - b) ADA ParaCruz eligibility or
 - c) Other State Disability Verification
- 3) Meets the income eligibility requirements as determined by:
 - a) Medi-Cal
 - b) SSI Verification or
 - c) Income Tax Forms

Lift Line request you schedule your rides between 8:30 AM-3:30 PM

If you have any questions, complaints or compliments regarding this service, please contact the Lift Line office at **(831)425-1558** for North county residents and **(831)688-9663** for south county residents.

Please note that because funding is limited, Program eligibility and/or rides may be subject to denial or cancellation during high volume periods, or in the event of sudden and unexpected reductions in funding for this Program.

Sincerely,

Kirk Ance
Lift Line Division Director