

COMMUNITY SERVICES TRIPS

TRIPS TRANSPORTATION SERVICES PROCEDURES

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 55-25A) 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

Registration
 Ride Ticket
 Renewal
 4s of July 1, 2019, a convenience fee will be added to all transactions over \$20: \$1.00 for cash/check; \$2.50 for credit/debit. Please note, this fee is applicable for TRIPS 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



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.

1 37 11			'						
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-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									
☐ I REQUIRE A SELF PROVIDED PERSONAL CARE ATTENDANT (COMPLETE INFORMATION BELOW)									
NAME OF PERSONAL CARE ATT	ENDANT*	PHONE OF	ONE OF PERSONAL CARE ATTENDANT*						
ARE YOU REGISTERED WITH TH	E FOLLOWING SEF	RVICES?							
OCTA ACCESS SERVICE: YES NO AGE WELL TRANSPORTATION SERVICE: YES NO									
DO YOU REQUIRE A MOBILITY I	DEVICE OR SPECIA	L EQUIPMEN	IT FOR TRANSPORT?						
☐ WHEELCHAIR ☐ E	ELECTRIC WHEELCHAIR		LEG/ARM BRACES						
☐ WALKER ☐ E	LECTRIC 3 WHEEL	SCOOTER	NONE						
☐ CANE ☐ S	ERVICE ANIMAL		OTHER:						

TRIPS TRANSPORTATION SERVICES APPLICATION

EMERGI	ENCY CONT	ACT NAME*	R	ELATION	ISHIP*			
1.								
HOME F	PHONE*		N	MOBILE P	HONE*			
EMERGI	ENCY CONT	ACT NAME*	R	ELATION	ISHIP*			
2.								
HOME F	PHONE*		N	MOBILE P	HONE*			
MY SIGI	NATURE BEL	OW VERIFIES ALL IN	FORMATION	N PROVII	DED IN TH	IIS APPLIC	CATION TO BE TRUE	:.
APPLIC	ANT SIGNAT	ΓURE*		DATE				
	IVER/GUARE	DIAN SIGNATURE* PLICANT						
FOR OFFI	ICE USE ONLY	INTRO LETTER APPLICATION AGREEMENT FORM	RIDE TICKET INI	SINFO	RECEIVED		APPLICATION AGREEMENT FORM VERIFICATION OF AGE PHYSICIAN VERIFICATION CASE DESCRIPTION FOR	
DATE	STAFF	REGINFO	ALT: TRANS, IN		DATE	STAFF	\$25 REGISTRATION FEE	
DATE	STAFF	REGISTRATION RECEIPT \$30 TICKET W/ RECEIPT	WELCOME LET POLICIES AND	$\times \times \times \times \times \times \times$	DATE	STAFF	COMPUTER INPUT	