



# APPLICATION PROCEDURE

**ELIGIBILITY:**

TRIPS 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 permanent physical and/or cognitive disability.

**INSTRUCTIONS:**

1. Fill out all application forms completely.
2. To apply for TRIPS services, please include the following items:
  - A completed Application for TRIPS Transportation Services (FORM 55-24)
  - A completed Participant Agreement TRIPS Transportation Services (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)
  - Verification of the permanent physical and/or cognitive disability that prevents driving (Application Medical Verification Form (FORM 55-25) or physician's note)
  - A \$55 check payable to "City of Irvine"

PLEASE NOTE: Without the above information, your application can not be processed.

3. Once your completed application materials and fees are received a TRIPS representative will contact you by phone on the status of your application.
4. After program eligibility has been confirmed, the \$55 check will be processed. A welcome letter, program policies, and receipts for the Initial Registration Fee and \$30 Ride Ticket will be mailed to the applicant. (A letter of explanation will be mailed to those not meeting eligibility requirements, along with their \$55 check and the application materials.)

**FEES:**

**\$55 initial payment:** Includes the \$25 Registration Fee and the first \$30 Ride Ticket. This advance payment is required. Applications cannot be processed until payment has been received.

**\$30 Ride Tickets:** A valid Ride Ticket must be presented to the driver each time a participant enters a program vehicle.

**\$20 Annual Renewal Fee:** A \$20 Annual Renewal Fee will be due on each anniversary date of initial program enrollment.

**Please note that payment of fees does not guarantee rides.  
Rides are granted on a first come-first served basis  
and are contingent upon availability.  
Once processed, all fees are non-refundable.  
Fees for returned checks are the responsibility of the applicant.**

Submit your completed application packets via mail, walk-in or email. For questions, please call 949-724-7433 or email to [trips@cityofirvine.org](mailto:trips@cityofirvine.org).

MAIL/ City of Irvine  
WALK-IN: TRIPS  
 6427 Oak Canyon  
 Irvine, CA 92618  
EMAIL: [trips@cityofirvine.org](mailto:trips@cityofirvine.org)

# APPLICATION FOR TRIPS TRANSPORTATION SERVICES

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 A PERSON WITH A DISABILITY AGE 18 OR OLDER <input type="checkbox"/> I AM UNABLE TO DRIVE DUE TO A <u>PERMANENT</u> PHYSICAL AND/OR COGNITIVE DISABILITY

SELECT ANY MEDICAL CONDITIONS/SPECIAL NEEDS	
<input type="checkbox"/> ANXIETY <input type="checkbox"/> ARTHRITIS <input type="checkbox"/> BALANCE/MOBILITY <input type="checkbox"/> CARDIOVASCULAR <input type="checkbox"/> COGNITIVE/MEMORY LOSS <input type="checkbox"/> DEVELOPMENTALLY DISABLED <input type="checkbox"/> DIABETES <input type="checkbox"/> DIALYSIS	<input type="checkbox"/> EPILEPSY <input type="checkbox"/> HEARING LOSS <input type="checkbox"/> LANGUAGE BARRIERS <input type="checkbox"/> MOBILITY MOTOR <input type="checkbox"/> MULTIPLE SCLEROSIS (MS) <input type="checkbox"/> PARKINSON'S <input type="checkbox"/> VISUALLY IMPAIRED <input type="checkbox"/> OTHER _____

LIVING ARRANGEMENTS	HOME PET
<input type="checkbox"/> ALONE <input type="checkbox"/> WITH OTHERS <input type="checkbox"/> DECLINED TO STATE	<input type="checkbox"/> NO <input type="checkbox"/> YES; Specify _____

# APPLICATION FOR TRIPS TRANSPORTATION SERVICES

## ARE YOU REGISTERED WITH THE FOLLOWING SERVICES?

OCTA ACCESS SERVICE:  YES  NO      AGE WELL TRANSPORTATION SERVICE:  YES  NO

## TRANSPORTATION USED

- |                                                          |                                        |
|----------------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> OCTA ACCESS SERVICE             | <input type="checkbox"/> FAMILY MEMBER |
| <input type="checkbox"/> AGE WELL TRANSPORTATION SERVICE | <input type="checkbox"/> FRIEND        |
| <input type="checkbox"/> TAXI                            | <input type="checkbox"/> NONE          |
| <input type="checkbox"/> IRVINE SENIOR CENTER            | <input type="checkbox"/> OTHER _____   |
| <input type="checkbox"/> JEWISH FAMILY SERVICES          |                                        |

## WHAT ARE YOUR ESSENTIAL TRANSPORTATION NEEDS? (Check all that apply)

- |                                               |                                  |                                        |
|-----------------------------------------------|----------------------------------|----------------------------------------|
| <input type="checkbox"/> MEDICAL APPOINTMENTS | <input type="checkbox"/> BANKING | <input type="checkbox"/> SENIOR CENTER |
| <input type="checkbox"/> GROCERY SHOPPING     | <input type="checkbox"/> SCHOOL  | <input type="checkbox"/> OTHER _____   |
| <input type="checkbox"/> PHARMACY             | <input type="checkbox"/> WORK    |                                        |

## HOW OFTEN DO YOU ANTICIPATE USING TRIPS SERVICE?

- DAILY     WEEKLY     MONTHLY     ONCE EVERY FEW MONTHS     NOT SURE

## TIME OF DAY

- 7:00 A.M. - NOON       NOON - 5:00 P.M.       FLEXIBLE

## DO YOU REQUIRE A MOBILITY DEVICE OR SPECIAL EQUIPMENT FOR TRANSPORT?

- |                                     |                                                   |                                      |
|-------------------------------------|---------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> WHEELCHAIR | <input type="checkbox"/> ELECTRIC WHEELCHAIR      | <input type="checkbox"/> NONE        |
| <input type="checkbox"/> WALKER     | <input type="checkbox"/> SERVICE ANIMAL           | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> CANE       | <input type="checkbox"/> LEG/ARM BRACES           |                                      |
| <input type="checkbox"/> OXYGEN     | <input type="checkbox"/> ELECTRIC 3 WHEEL SCOOTER |                                      |

## IF YOU UTILIZE AN ELECTRIC WHEELCHAIR OR SCOOTER, PROVIDE THE FOLLOWING INFORMATION

MAKE \_\_\_\_\_ WIDTH \_\_\_\_\_ LENGTH \_\_\_\_\_  
MODEL \_\_\_\_\_ WEIGHT \_\_\_\_\_

