

Morongo Basin Transit Authority
Transportation Reimbursement Escort Program (TREP)
Rider Application

The information obtained in this application will be used to determine eligibility for the Transportation Reimbursement Escort Program (TREP) and will not be provided to any other person or agency without prior written approval of the applicant.

To apply for eligibility, you must fully complete the application form and return it to 62405 Verbena Road, Joshua Tree, CA 92252. We will review your application and, if we need more information, we will contact you by telephone. You may also be required to provide a "Verification of Patient Health and Mobility Status" form to your health care provider(s) for completion, to determine your eligibility for participation in the program. Additional information may also be required.

Your complete application will be processed within 14 days after it has been received by Morongo Basin Transit Authority (MBTA). MBTA will notify you by mail of your eligibility for TREP. If you are accepted, a welcome packet will be mailed to you containing details of the program and next steps.

Application Instructions:

Please **PRINT** full responses to all of the questions on the application form. Your detailed responses and explanations will help us to determine if you are eligible for the program. Be sure to respond to ALL questions or your application will be considered incomplete. *Incomplete applications will be returned to the applicant and will not be processed.*

You may be required to send other documents that will help us understand your abilities. All information that you provide will be kept strictly confidential.

You must provide a **SIGNATURE** on the Application Certification form to complete the application.

If you have any questions about the TREP program or application, contact MBTA at 760-366-2765.

SUBMIT YOUR APPLICATION BY MAIL OR FAX TO:

Morongo Basin Transit Authority, TREP
62405 Verbena Road
Joshua Tree, CA 92252
Fax: 760-366-2445

You may obtain assistance completing the application and you may submit the completed application to your local Senior Information & Assistance (SIA) office (indicated in the checked box). Your application will be forwarded to MBTA:

Yucca Valley
56357 Pima Trail
Yucca Valley, CA 92284
760-228-5219

Victorville
17270 Bear Valley Rd, #108
Victorville, CA 92392
760-843-5181

Barstow
536 E. Virginia Way
Barstow, CA 92311
760-256-3564

San Bernardino
686 E. Mill Street
San Bernardino, CA 92415
909-891-3810

Needles
1090 E. Broadway
Needles, CA 92363
760-326-9224

Please continue to next page

Date _____

Your Name (First and Last) _____

How did you hear about the Transportation Reimbursement Escort Program (TREP) ?

Home Address:

Name of Housing Complex (if applicable): _____

Street: _____ Apt/Spc/Unit # : _____

City: _____ Zip Code: _____

Mailing Address (If different from Home Address):

Street: _____ Apt/Spc/Unit # : _____

City: _____ Zip Code: _____

Primary/Preferred Phone: (_____) _____ Other Phone: (_____) _____

Email address: _____

Birth Date: ____/____/____ Female Male

Primary Language: English Other (Specify): _____

Have you ever served in the military: Yes No

If yes, do you have a service-related disability? Yes No

If yes, what is your percentage of disability? Less than 30% 30% or more

Who do you live with?

- Live alone
- With spouse
- With other family members
- With friends
- With paid caregiver
- In skilled nursing facility
- In assisted living facility
- Other _____

In case of emergency, whom should we contact? (someone other than your volunteer driver)

Name: _____

Relationship to you: _____

Primary/Preferred Phone: (_____) _____ Other Phone: (_____) _____

Email address: _____

Assistance you receive:

Do you have an In-Home Supportive Services (IHSS) caregiver? Yes No

If yes, are they approved to drive/provide trips for you? Yes No

Does a family member drive you to places you need to go to? Yes No

If yes, does this family member live with you? Yes No

Tell us about your disability / health-related conditions

Please answer the following questions in detail – your specific answers to the questions will help us in determining your eligibility.

Are you disabled in any way? Yes No

If yes, your health conditions are: Permanent Temporary

Are your health conditions verified by a doctor?

Yes No If yes, when were they verified? _____

Are you able to drive a vehicle owned by you? I don't own a vehicle Yes No

If yes, do you have any limitations or restrictions? Explain: _____

Are you registered with any alternative transportation or special transportation services for individuals with disabilities (such as Ready Ride)? Yes No

Are you able to use public transportation (buses) or special transportation services individuals with disabilities (such as Ready Ride)? Yes No Transportation is not available where I live

If no, briefly explain health-related conditions/limitations/disabilities that prevent you from using public transportation (buses) or special transportation services for individuals with disabilities (such as Ready Ride) either some or all of the time:

Please indicate any mobility aids you regularly use:

Cane Walker Wheelchair Other _____

Please list and explain your disabilities that you feel would qualify you for the program:

How do you think the Transportation Reimbursement Escort Program will meet your needs?

Have you identified a potential Volunteer Driver if you are approved to participate in the program? Yes No

If Yes, what is your relationship to the Volunteer Driver:

Friend Neighbor Caregiver/IHSS Worker Relative

The following information assists us in determining the number of miles you may be awarded monthly to support your transportation needs:

MEDICAL: List the types (*examples: primary care, physical therapy, dentist, pharmacy, etc.*), addresses (*include the CITY*), and how often you need to travel:

Type: _____ How Often: _____

Address: _____

Type: _____ How Often: _____

Address: _____

Type: _____ How Often: _____

Address: _____

Type: _____ How Often: _____

Address: _____

Type: _____ How Often: _____

Address: _____

Please continue to next page

What other purposes and destinations would you like to travel to and how often?

Banking Bank Name: _____ How Often: _____

Address: _____

Shopping Store: _____ How Often: _____

Address: _____

Shopping Store: _____ How Often: _____

Address: _____

Shopping Store: _____ How Often: _____

Address: _____

Shopping Store: _____ How Often: _____

Address: _____

Family Visit: _____ How Often: _____

Address: _____

Religious: _____ How Often: _____

Address: _____

Other: _____ How Often: _____

Address: _____

NOTE: Reimbursement payments will be made through direct deposit; the reimbursement amount will automatically be deposited into your bank or SOLE PayCard account. Paper checks will not be used. In order to receive reimbursement payments, you MUST provide a bank account number or your SOLE PayCard information. It will be requested from you if you are accepted into TREP.

The following information assists us with our funding resources:

Your ethnicity: Not Hispanic or Latino Hispanic or Latino Decline to state

Your race: White African-American or Black American Indian or Alaskan Native
 Asian Pacific Islander Decline to state
 Other _____

What is your monthly income?

\$957 or less \$958 - \$1,148 \$1,149 - \$1,291 \$1,292 or more

OFFICE USE ONLY (SIA Staff):

Information taken by: Name: _____ Office Location: _____

Phone #: _____ Email: _____ Date: _____

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Morongo Basin Transit Authority
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Application Certification and Hold Harmless Form

I have reviewed my application to participate in the Transportation Reimbursement Escort Program (TREP) and certify that it is true and accurate to the best of my knowledge.

I understand that the information I am providing will be treated as confidential, will only be utilized to determine my initial and continuing eligibility for the program, and will be retained as a permanent part of my service file. I authorize representatives of Morongo Basin Transit Authority to contact persons whom I have named or to make other inquiries as necessary to verify the information that I have provided.

I understand that it may be necessary to contact a professional familiar with my functional abilities to determine my eligibility for this program. I also understand that the County of San Bernardino may be verifying information provided in this application (such as In-Home Supportive Services participation).

I understand that it is the policy of Morongo Basin Transit Authority to pursue any alleged or suspected instances of fraud. A "fraudulent claim" is committed when a false representation of a present or past fact is made by a Morongo Basin Transit Authority consumer, member of his/her family, or unrelated person such as their caregiver or volunteer driver, which results in the release of funds.

I agree to abide by all the Morongo Basin Transit Authority policies, as communicated to me, including policies in the Rider Guidelines, and I acknowledge that my failure to abide by any TREP policies may result in the termination of services.

I acknowledge that being driver by others is an inherently dangerous activity and that my participation in this program could involve some danger to my person or property, or the person or property of others. In consideration of my participation in the Transportation Reimbursement Escort Program, I agree to indemnify and hold harmless Morongo Basin Transit Authority, its officers, directors, agents, employees, and volunteers, as well as any and all organizations, agencies or individuals who provide funding to or otherwise support the TREP, from any and all claims, losses, and liabilities (including costs and attorneys fees) for damage to property or injury or death to myself or others arising out of or in any way connected with my participation in the program.

Applicant Name: _____ **Date:** _____

Signature of Applicant or Applicant's Legal Representative or Guardian

Relationship to Participant

Signature of Interpreter or Witness
(if Applicant is blind or unable to sign)