



Transportation Reimbursement Escort Program (TREP)

“RIDER / DISABLED PERSON / APPLICANT” APPLICATION FOR TREP PROGRAM

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:

1. The “Rider” is the “Disabled person/Applicant.”

All completed information MUST BE ABOUT the “ rider/disabled person/applicant’s” condition and lifestyle.

The “Rider/Disabled person/Applicant” must fully complete the application form.

The “Rider/Disabled person/Applicant’s” Legal Representative or Guardian may complete for the “Rider/Disabled person/Applicant.”

If “Rider/Disabled person/Applicant” has a Legal Representative or Guardian, legal documentation showing Guardianship must be attached to this application.

- 2.** Your detailed responses and explanations will help us to determine if you are eligible for the program. Please respond to ALL questions or your application will be considered incomplete. *Incomplete applications will be returned and will not be processed.*
- 3.** “Rider/Disabled person/Applicant” must provide a **SIGNATURE on the last page** of the application. If there is no signature on the last page the application is not valid and will be returned to you. The “Rider/Disabled person/Applicant’s” Legal Representative or Guardian may sign application for the Rider.

If “Rider/Disabled person/Applicant” has a Legal Representative or Guardian, legal documentation showing Guardianship must be attached to this application.

- 4.** Rider/Disabled person/Applicant may be required to send other documents that will help us understand abilities. All information provided will be kept strictly confidential.
- 5.** The TREP committee will review the completed application and will either approve or deny eligibility.
- 6.** If application is approved by the TREP committee, a packet will be mailed containing details of documents that will be required to be provided to Basin Transit **before mileage reimbursement will begin.**

SUBMIT COMPLETED APPLICATION BY HAND DELIVERY, MAIL, FAX OR EMAIL TO:

Basin Transit, Attn: TREP, 62405 Verbena Road, Joshua Tree, CA 92252

Ph: 760-366-2765 Fax: 760-621-4261 Email: TREP@basin-transit.com

You may obtain assistance completing the application at your local Senior Information & Assistance (SIA) office. Your application will be forwarded to Basin Transit:

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

Please continue to next page

Date _____

Rider/Disabled person/Applicant (*FIRST name, LAST Name*) _____

PLEASE PRINT

Rider/Disabled person/Applicant:

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

Home Address of Rider/Disabled person/Applicant:

Name of Housing Complex (*if applicable*): _____

Street: _____ Apt/Spc/Unit # : _____

City: _____ Zip Code: _____

Mailing Address of Rider/Disabled person/Applicant (*If different from Home Address*):

Street: _____ Apt/Spc/Unit # : _____

City: _____ Zip Code: _____

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

Email address of Rider/Disabled person/Applicant: _____

Birth Date of Rider/Disabled person/Applicant: ____/____/____ Female Male

Primary Language of Rider/Disabled person/Applicant: English Other (*Specify*): _____

Rider/Disabled person/Applicant please answer: 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

Rider/Disabled person/Applicant please answer: Who do you live with?

- | | |
|--|--|
| <input type="checkbox"/> Live alone | <input type="checkbox"/> With paid caregiver |
| <input type="checkbox"/> With spouse | <input type="checkbox"/> In skilled nursing facility |
| <input type="checkbox"/> With other family members | <input type="checkbox"/> In assisted living facility |
| <input type="checkbox"/> With friends | <input type="checkbox"/> Other _____ |

Emergency Contact for Rider/Disabled person/Applicant: (*other than your volunteer driver*)

Name: _____

Relationship to Rider/Disabled person/Applicant _____

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

Email address: _____

Please continue to next page

Rider/Disabled person/Applicant:

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

Rider/Disabled person/Applicant please answer: Your disability / health-related conditions:

Please be specific. Answers will help in determining your eligibility.

Rider/Disabled person/Applicant please answer: Are you disabled in any way? Yes No

If yes, your health conditions are: Permanent Temporary

Rider/Disabled person/Applicant please answer: Are your health conditions verified by a doctor?

Yes No **If “Yes”, when were they verified?** _____

Rider/Disabled person/Applicant please answer: Are you able to drive a vehicle owned by you?

I don't own a vehicle Yes No

If yes, what are your limitations or restrictions? _____

Rider/Disabled person/Applicant please answer: Are you registered with any alternative transportation or special transportation services for individuals with disabilities (such as Ready Ride)? Yes No

Rider/Disabled person/Applicant please answer: 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

Rider/Disabled person/Applicant please answer:

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:

Rider/Disabled person/Applicant please answer: Please indicate any mobility aids you regularly use:

Cane Walker Wheelchair Other _____

Please continue to next page

Rider/Disabled person/Applicant please answer:

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

Rider/Disabled person/Applicant please answer:

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

Rider/Disabled person/Applicant please answer:

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 your eligibility for the TREP program.

Rider/Disabled person/Applicant please answer:

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: _____

-Type: _____ How Often: _____

Address: _____

Please continue to next page

Rider/Disabled person/Applicant please answer:

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: _____

The following information assists us with our funding resources, State of California:

Rider/Disabled person/Applicant please answer: Your ethnicity:

- Not Hispanic or Latino Hispanic or Latino Decline to state

Rider/Disabled person/Applicant please answer: Your race:

- White African-American or Black American Indigenous Person or Alaskan Native
 Asian Pacific Islander Decline to state Other _____

Rider/Disabled person/Applicant please answer: What is your monthly income?

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

* * * * *

Please continue to next page

NOTE: Reimbursement payments will be made through direct deposit only.
The reimbursement amount will automatically be deposited into your bank account.
Paper checks are not used.

In order to receive reimbursement payments, you MUST provide a bank account number.
It will be requested from you if you are accepted into TREP.

Please continue to next page

OFFICE USE ONLY:

Information taken by: Name _____ Office Location _____

Phone: _____ Email: _____

Date: _____

**Basin Transit -- Transportation Reimbursement Escort Program (TREP)
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 Basin Transit 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 Basin Transit 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 Basin Transit 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 Basin Transit 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 Basin Transit, 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 attorney's 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.

Rider / Disabled Person / Applicant-PRINT NAME: _____

Rider / Disabled Person / Applicant-SIGNATURE: _____ **Date:** _____

(If there is no signature the application is not valid and will be returned to you.)

**If the Applicant(Rider) has a Legal Representative or Guardian,
the Legal Representative or Guardian must PRINT NAME here:**

Legal Representative or Guardian must SIGN NAME here:

For the Legal Representative or Guardian, WHAT IS YOUR RELATIONSHIP TO THE APPLICANT (Rider):

If Applicant (Rider) is blind or unable to sign, the Interpreter or Witness must PRINT NAME here:

Interpreter or Witness must SIGN NAME here:
