



City of Fountain Valley



HOP ON

SENIOR TRANSPORTATION PROGRAM

CITY OF FOUNTAIN VALLEY

HOP ON SENIOR MOBILITY TRANSPORTATION PROGRAM

PROGRAM

Background

Through OCTA Measure M2 funding, this service provides transportation service through a City contract with California Yellow Cab roundtrip transportation from Fountain Valley resident's home to the Senior Center, non-emergency medical appointments grocery stores, and anywhere within the Fountain Valley and up to 1 mile outside of the City of Fountain Valley's boundaries. This program provides curb-to-curb service on demand seven days a week from 8:00am-7:00pm.

Funding

Orange County Transportation Authority (OCTA) from Measure M2, Orange County's half-cent sales tax for transportation improvements, including Project U which provides funding for senior/disabled programs including the SMP. One percent of net sales tax revenue is allocated to participating cities, including Fountain Valley, based upon the percentage of the senior population of the city as determined by the most current decennial Census information.

Program Guidelines

- Trips are \$2.00 per one way trip (round trip from home would be \$4.00).

Eligibility

- This program is open to Fountain Valley residents, ages 60 and older

Accessibility

- ADA Accessible Vehicles are available
- All wheelchairs/walkers must be secured inside the vehicle by a driver
- If a Caregiver is to accompany you, they must register and sign the waiver. Caregivers ride for free.
- If a Caregiver is to accompany you, inform the dispatcher at California Yellow Cab when making your appointment
- If a service animal is to accompany you, inform the dispatcher at California Yellow Cab when making your appointment

Application Process

1. Fill out the attached application and waiver form
2. Provide proof of residency, by either showing your Driver's License or a utility bill (scanned copy is fine)
3. Submit your application to The Center at Founders Village (17967 Bushard St. FV, CA 92708)
4. The Center at Founders Village Staff will review your application:
 - A. If approved, you will be mailed or e-mailed directions for scheduling your upcoming trips
 - B. If denied, you will be mailed or e-mailed an explanation for reasons you didn't meet eligibility

Service Provided By



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CITY OF FOUNTAIN VALLEY
HOP ON SENIOR MOBILITY TRANSPORTATION PROGRAM
APPLICATION FORM

HOUSEHOLD INFORMATION

Name: _____ ☐ Male ☐ Female
E-mail Address: _____
Home Phone: (_____) _____ Cellphone: (_____) _____

ELIGIBILITY QUESTIONNAIRE

1. Are you a Fountain Valley Resident? ☐ Yes ☐ No
Address: _____ ☐ Staff Initials: _____
2. What is your date of birth? Month: _____ Date: _____ Year: _____ ☐ Staff Initials: _____
3. Are you able to exit/enter the vehicle on your own? ☐ Yes ☐ No
4. Do you have any physical or functional limitations? ☐ Yes ☐ No
If yes, please describe: _____
5. Do you require a mobility device or special equipment for transportation? ☐ Yes ☐ No
Please check all that apply:
☐ Cane ☐ Walker ☐ Oxygen ☐ Wheelchair ☐ Other: _____
6. If in a wheelchair or scooter, are you able to transfer without assistance? ☐ Yes ☐ No
7. Will a personal care attendant or assistant be traveling with you? ☐ Yes ☐ No

ALL CAREGIVERS MUST FILL OUT THE CAREGIVER APPLICATION

EMERGENCY INFORMATION

Name: _____ Relationship: _____
Phone Number: _____ E-mail: _____

I hereby forever release, discharge, and waive the right to make any claim against the City of Fountain Valley, California Yellow Cab, Inc., and its officers and employees, from any liabilities, claims, demands, injuries, damages, charge or expenses, including attorney's fees or causes of action that I may hereafter have for injuries and damages arising out of participation in any City program including, but not limited to, losses caused by the passive or active negligence of the released parties or hidden, latent, or obvious defects or dangerous conditions in an City property used by the City Program. This release shall also release the Released Parties from the related activities not conducted on City property, including travel and off-site activities. I also acknowledge that the City of Fountain Valley and California Yellow Cab, INC. reserve the right to refuse transportation services to anyone one. I understand that transportation services may involves some risks and dangers than no amount of care, caution, instruction or expertise can eliminate and I expressly and voluntarily assume all risk and injury while participating in an City Recreation Program activity. This release shall remain in effect until revoked. A copy of this release may be used to the same extent as the original.

Signature _____ Date _____

CITY OF FOUNTAIN VALLEY
HOP ON SENIOR MOBILITY TRANSPORTATION PROGRAM
CAREGIVER APPLICATION FORM

HOUSEHOLD INFORMATION

Name: _____ ☐ Male ☐ Female
E-mail Address: _____
Home Address: _____
Home Phone: (____) _____ Cellphone: (____) _____

QUESTIONNAIRE

1. Did you provide a copy of your photo ID? ☐ Yes ☐ No
2. Please provide the full name of the person you are providing care for:

EMERGENCY INFORMATION

Name: _____ Relationship: _____
Phone Number: _____ E-mail: _____

I hereby forever release, discharge, and waive the right to make any claim against the City of Fountain Valley, California Yellow Cab, Inc., and its officers and employees, from any liabilities, claims, demands, injuries, damages, charge or expenses, including attorney's fees or causes of action that I may hereafter have for injuries and damages arising out of participation in any City program including, but not limited to, losses caused by the passive or active negligence of the released parties or hidden, latent, or obvious defects or dangerous conditions in an City property used by the City Program. This release shall also release the Released Parties from the related activities not conducted on City property, including travel and off-site activities. I also acknowledge that the City of Fountain Valley and California Yellow Cab, INC. reserve the right to refuse transportation services to anyone one. I understand that transportation services may involves some risks and dangers than no amount of care, caution, instruction or expertise can eliminate and I expressly and voluntarily assume all risk and injury while participating in an City Recreation Program activity. This release shall remain in effect until revoked. A copy of this release may be used to the same extent as the original.

Signature _____ Date _____