



**City of Aliso Viejo
Senior Mobility
Program
(Transportation)
Information
and
Registration
Packet**



City of Aliso Viejo Senior Mobility Program

GENERAL DESCRIPTION: Through OCTA Measure M2 funding, this service provides transportation service through a City contract with California Yellow Cab to and from the Sea Country Senior and Community Center in Laguna Niguel, the Florence Sylvester Senior Center in Laguna Hills, Iglesia Park Community Center, Aliso Viejo City Hall, and the Aliso Viejo Ranch **ONLY**. This program provides curb-to-curb service on demand from 9:00 a.m. - 4:00 p.m., Monday through Friday, excluding holidays.

Please note: This program DOES NOT currently provide transportation for medical appointments or for social/community excursions. Applications are available for non-emergency medical transportation through the City of Aliso Viejo from Jasmine Brown at jbrown@avcity.org

ELIGIBILITY: This program is open to Aliso Viejo residents, ages 60 and older

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 Aliso Viejo, based upon the percentage of the senior population of the city as determined by the most current decennial Census information.

Senior Mobility Program Application Process

- Aliso Viejo residents aged 60 and older or their designated caregiver (family member/Power of Attorney-POA) may apply for the City's Senior Mobility Program (SMP) for resident.

A fully completed registration packet is required & includes:

- Senior Mobility Program Registration Form (signature required)
- City of Aliso Viejo Senior Mobility Program Waiver (signature required)

Please keep Senior Mobility Program information & holiday schedule for your reference.

- Please return or scan the fully completed documents to:

Jasmine Brown, Recreation Coordinator
100 Park Avenue, Aliso Viejo, CA 92656
jbrown@avcity.org

SCHEDULING: Once the application is reviewed and processed, the applicant will be contacted by Melissa Gomez from CA Yellow Cab to review and schedule your transportation needs. Scooters/motorized wheelchair transportation available through scheduled transportation (24-hour notice required).

SCHEDULING ISSUES: Any questions related to scheduling your Standing Order should be directed to Melissa Gomez at 714-427-2555 x307 and On-Demand service at 1-877-538-7959.



Senior Mobility Program Registration Form

The City of Aliso Viejo Senior Mobility Program provides free door-to-door transportation service from the AV resident's home to Sea Country Senior & Community Center in Laguna Niguel, Aliso Viejo City Hall, Aliso Viejo Ranch, Iglesia Park Community Center and/or Florence Sylvester Senior Center in Laguna Hills for participation in nutrition and other programs. Transportation is available Monday through Friday, 9:00 a.m. - 4:00 p.m., excluding observed holidays.

*The City contracts with CA Yellow Cab for transportation services. **PLEASE PRINT CLEARLY.** Please complete and sign all two (2) pages prior to submitting your registration form to the City of Aliso Viejo (address and email on first page of packet).*

Please note: Incomplete forms will be returned to applicant.

Last Name: _____ First Name: _____

Today's Date: _____ Gender: Male Female

Address: _____ Apartment/Unit #: _____

City: _____ Zip Code: _____

Home Phone: (_____) _____ Cell: (_____) _____

1. Is the rider an Aliso Viejo resident? Yes No Office Verified _____

2. What is his/her date of birth? Month _____ Day _____ Year _____ Office Verified _____

Does he/she have any physical or functional limitations? If yes, please describe: _____

3. Does he/she require a mobility device or special equipment for transport? Yes No

Please check all that apply:

Cane _____ Walker _____ Oxygen _____ Other (Please describe): _____

4. Will a personal care attendant or assistant be traveling with him/her? Yes No

5. Do you require door-to-door assistance? Yes No

6. Emergency Contact Name #1: _____

Emergency Contact Relationship: _____ Phone#: _____

Emergency Contact Name #2: _____

Emergency Contact Relationship: _____ Phone #: _____

My signature verifies that all information in this application to be true.

APPLICANT SIGNATURE/OR RESPONSIBLE PARTY

DATE

Please print name: _____



CITY OF ALISO VIEJO SENIOR MOBILITY PROGRAM WAIVER

I hereby acknowledge that the City of Aliso Viejo is providing transportation services free of charge through its Senior Mobility Program (the "Program") and that I am voluntarily participating in the Program. In consideration of the City's allowing me to participate in the Program, I do hereby forever waive, release, and discharge the City of Aliso Viejo, all of its respective officers, clients, agents, employees, and volunteers ("Indemnitees") from any and all claims, damages, liability, or losses, including bodily injury, property damage, or any other injury or loss to myself which might be sustained as a result of my participation in the Program.

In consideration for my ability to participate in the Program, I voluntarily agree to indemnify the Indemnitees from all claims brought by third parties and from all resulting judgments, liabilities, losses, costs and expenses, including costs of defense and reasonable attorneys' fees by counsel of Indemnitees' choice that in any manner arises from my negligence or willful misconduct or from the negligent acts or omissions of the Indemnitees. It is understood and agreed that this waiver, release, and assumption of risk is to be binding on my executors, heirs, administrators, and assigns.

I also give my permission to the City of Aliso Viejo to photograph me participating in this event for use in future City publicity or media releases, and I understand that I will not receive any compensation for such use.

I CERTIFY THAT I HAVE CAREFULLY READ AND UNDERSTAND THE CONTENTS OF THIS WAIVER AND RELEASE. I UNDERSTAND THAT I AM GIVING UP VALUABLE LEGAL RIGHTS. I KNOWINGLY AND VOLUNTARILY GIVE UP THESE RIGHTS OF MY OWN FREE WILL.

Client Signature/or Responsible Party

Date

PLEASE PRINT CLEARLY:

Name: _____ Date: _____

Address: _____

City: _____ Zip Code: _____ Phone: (____) _____



**City of Aliso Viejo Senior Mobility
Program Observed Holiday Schedule 2021**

Transportation is available Monday through Friday, 9:00 a.m. - 4:00 p.m., **excluding** the following observed holidays:

Wednesday, January 1	New Year's Day
Monday, January 18	Martin Luther King Jr. Day
Monday, February 17	President's Day
Monday, May 25	Memorial Day
Friday, July 3	Observance of July 4th
Monday, September 6	Labor Day
Thursday, November 11	Veterans' Day
Thursday, November 25	Thanksgiving
Friday, December 24	Christmas Eve
Saturday, December 25	Christmas Day
Friday, December 31	New Year's Eve

PLEASE RETURN OR SCAN YOUR COMPLETED REGISTRATION & WAIVER FORMS

TO: City of Aliso Viejo
 Recreation & Community Services Department
 100 Park Avenue
 Aliso Viejo, CA 92656
 jbrown@avcity.org

For additional senior transportation & program information, please contact:
Jasmine Brown (City of Aliso Viejo) 949-425-2556



Senior Mobility Program COMPLAINT FORM



Today's Date:		SMP City:	
MEMBERS INFORMATION			
Last Name:	First:	Middle:	SMP ID #:
PLEASE FILL OUT THE INFORMATION REQUESTED IN THIS COMPLAINT FORM TO THE BEST OF YOUR ABILITY. THANK YOU!			
Date of Incident:		Time of Incident:	
Location of Incident:			
Pick Up Address:			
Drop Off Address:			
Taxicab #:			
Drivers Name:			
Name of Member(s) in the Vehicle:			
Describe your complaint in detail:			
Home phone no.:		Secondary phone no.:	
FOLLOW-UP			
Name of person who received the complaint:			
Date when driver was spoken to:			
Driver Comments:			
Solution:			