# Marin Access Program Intake Form

## General Information

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
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<table>
<thead>
<tr>
<th>Home</th>
<th>City</th>
<th>Zip Code</th>
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<table>
<thead>
<tr>
<th>Home Phone</th>
<th>Alternate Phone</th>
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<table>
<thead>
<tr>
<th>Email</th>
<th>Birthdate</th>
<th>Age</th>
<th>Still Driving</th>
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<tbody>
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### Signature

I hereby affirm that all of the information provided is true and accurate to the best of my knowledge.

Applicants Signature: ______________________________________________________________________ Date: ____________________________

## Emergency Contacts

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
<th>Relationship</th>
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<tbody>
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<table>
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<tr>
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<th>Phone</th>
<th>Relationship</th>
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## Statement of Non-Driving

_Catch-A-Ride Applicants between 60 and 80 years of age who are not ADA eligible ONLY_

I hereby declare that I am over the age of 60 and am no longer able to drive:

Signature: __________________________ Date: __________________________

## Additional Information

To complete the processing of your application we will also need the following items (checked items only):

- [ ] Proof of Age (must include copy): (Driver’s License, California ID, Military ID, Passport, Other ID)
- [ ] Proof of Residence (must include copy with intake): (Driver’s License, California ID, PGE Bill, Other ID)
- [ ] Current SSI Eligibility Letter or other proof of SSI Eligibility

Send completed application by fax, email, by mail or in person to:

**Marin Access Program Eligibility**

**Travel Navigators**

930 Tamalpais Ave  
San Rafael, CA 94901  

Phone: 415-454-0902  
Fax: 415-256-9159  
travelnavigator@marintransit.org

Monday through Friday 8am to 5 pm
For Office Use Only

**Catch-A-Ride Information**

- [ ] 80 years or older OR
- [ ] 60 years or older and unable to drive
- [ ] ADA Eligible

*Proof of Age (must include copy with intake):*
- [ ] Driver's License
- [ ] California ID
- [ ] Military ID
- [ ] Passport
- [ ] Other:

Marin Country resident?  [ ] Yes  [ ] No

*Proof of Residence (must include copy with intake):*
- [ ] Driver’s License
- [ ] California ID
- [ ] PGE Bill
- [ ] Other:

**Low Income (Catch-A-Ride)**

**Eligible**  [ ] by _____

**Living Situation**
- [ ] Not Applicable

**Income Level:**

What is your approximate household income?

$___________ per year  [ ] Declined to State

**Comparable Economic Security Standard Index:**

- [ ] Elder Economic

**Volunteer Driver Information**

**Eligible**  [ ] by _____

- [ ] 60 years or older
- [ ] ADA eligible

**Paratransit Information**

**Eligible**  [ ] by _____

*See separate paratransit eligibility form for more information*

**Low Income (Paratransit)**

**Eligible**  [ ] by _____

I have verified the applicant's eligibility for the Paratransit Fare Assistance Program

**Name:** __________________________  **Signature:** __________________________

**Agency:** __________________________  **Date:** __________________________

**Travel Training**

**Referred to**  [ ] by _____

Referred for travel training on
Date: __________________________

Training took place: __________________________

**Notes:** __________________________