



Marin Access Program Intake Form

Intake Date: _____

 New client Change of information

General Information

First Name <input type="text"/>		Last Name <input type="text"/>	
Home <input type="text"/>	<input type="text"/>	City: <input type="text"/>	Zip Code: <input type="text"/>
Home Phone: <input type="text"/>	Mailing Address (if different from home address):		
Alternate Phone: <input type="text"/>	<input type="text"/>		
Email: <input type="text"/>		<input type="text"/>	
Birthdate: <input type="text"/>	Age: <input type="text"/>	Still Driving <input type="checkbox"/>	

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

Name: <input type="text"/>	Phone: <input type="text"/>	Relationship: <input type="text"/>
Name: _____	Phone: _____	Relationship: _____

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: _____
navigator@whistlestop.org
Monday through Friday 9am to 5pm

For Office Use Only

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Catch-A-Ride Information

Eligible by _____

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 County 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

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 applicants 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: