marin access

Intake Form

MOBILITY PROGRAMS | PARATRANSIT | FARE ASSISTANCE | TRAVEL TRAINING

Thank you for your interest in Marin Access!

Read on to learn how to complete the first step of the enrollment process. The information you provide will be used to assess your eligibility for Marin Access programs and services. All information will remain confidential and will only be used for the purpose of completing the enrollment process for Marin Access.

Enrollment Process:

1. SUBMIT INTAKE FORM
2. COMPLETE INTERVIEW
3. SUBMIT DOCUMENTS
4. ENROLLMENT REVIEW

For assistance or to complete this form by phone, contact us at (415) 454-0902. Translation assistance is available.

To learn more about the enrollment process, visit us online:

marintransit.gov/marinaccessenrollment

Key Information:

- If you wish to enroll, **you must complete this form.** You also have the option of completing the intake form by phone or online.
- Responses to all questions (unless noted as optional) are required. Completion of this form does not amount to an eligibility determination. **Incomplete forms will not be processed.**
- Once we receive your intake form, the Travel Navigator team will contact you to schedule a phone interview.
- **The applicant must participate in the interview,** but may be assisted by a delegate of their choice.
- The interview is designed to inform us about your needs and identify which programs and services may be beneficial to you.
- Following the interview **you will be required to submit documentation supporting your application.** Information about required documentation can be found at: *marintransit.gov/marinaccessenrollment.*
- Once all required documentation is received, the enrollment review can take up to 21 days. **Applications are reviewed in the order received and cannot be expedited.**

Help us understand who to contact:

1. Who is completing this intake form?

☐ Self (the named applicant) ☐ Friend or family member of named applicant

☐ Social worker or care team member of named applicant

If other than the named applicant, indicate the following:

Name: _____ Relationship: _____

Contact Phone: _____ Contact Email: _____

2. Who should be contacted with information about Marin Access enrollment?

☐ Contact the named applicant ☐ Contact the following individual:

Name: _____ Relationship: _____

Contact Phone: _____ Contact Email: _____

Help us understand which programs you may qualify for:

1. Have you been determined eligible for Marin Access in the past?

☐ Yes ☐ No

If yes, indicate your Marin Access ID (if known):

_____

2. Are you age 65+ <u>and</u> a resident of Marin County?

☐ Yes ☐ No

3. Are you interested in using public transit, but need assistance navigating the bus system?

☐ Yes ☐ No

Marin Transit offers travel training to help riders become more informed and independent consumers.

4. Do you have a disability or health related condition that prevents you from independently using public transit (fixed-route bus) some or all of the time?

☐ Yes ☐ No

Fixed-route bus service is a public transit service using buses to provide transportation along a designated route that stops at bus stops following a pre-determined timetable. Fixed-route bus service in Marin County is operated by Marin Transit and Golden Gate Transit.

5. Do you have an income barrier that makes paying for transportation challenging?

☐ Yes ☐ No

Marin Access offers fare assistance to qualified riders.

Tell us about yourself:

1. First Name: _____ **2. Last Name:** _____

3. Date of Birth *(mm/dd/yyyy)*: _____ **4. Gender:** ☐ Female ☐ Other ☐ Male ☐ Prefer Not to Say

5. Primary Language: ☐ English ☐ Spanish ☐ Other (please specify): _____

6. Race/Ethnicity *(optional)*:

☐ Prefer Not to Say ☐ African American / Black ☐ American Indian or Alaska Native
☐ Asian ☐ Latino/a or Hispanic ☐ Middle Eastern / North African
☐ Native Hawaiian or Pacific Islander ☐ White ☐ Other (please specify): _____

7. Primary Phone: _____ ☐ Landline ☐ Mobile **8. Alternate Phone:** _____ ☐ Landline ☐ Mobile

9. Email: _____

10. Home Address:

_____

11. Mailing Address: ☐ *Same as home*

_____

12. I prefer to receive information by: ☐ US Mail ☐ Email

13. I would like to receive information in an alternative format:

☐ N/A ☐ Audio ☐ Braille ☐ Large print
☐ Other (please specify): _____

14. Emergency Contact: _____ Relationship: _____

Contact Phone: _____ Contact Email: _____

My emergency contact lives in the Bay Area: ☐ Yes ☐ No

15. I use a mobility or assistive device *(check only the primary mobility device used when you travel):*

- ☐ I do not use a mobility or assistive device
- ☐ Cane ☐ Crutches ☐ Leg braces
- ☐ Power scooter ☐ Power wheelchair
- ☐ Walker ☐ Wheelchair
- ☐ Other (please specify): _____

16. Do you travel with a personal care attendant (PCA)?

☐ Yes ☐ No ☐ Sometimes

17. What is your degree of visual difficulty?
Choose one:

- ☐ No visual difficulty ☐ Totally / legally blind
- ☐ Blind (can see light and shapes)
- ☐ Low visioned (limited visual acuity)
- ☐ Low visioned (high visual acuity)
- ☐ Bad vision (not legally blind)

18. Do you travel using any of the following?
Select all that apply:

- ☐ Portable oxygen tank ☐ Respirator
- ☐ Communication device ☐ White cane
- ☐ N/A

19. If you travel using a wheelchair, is the wheelchair oversize? *(e.g. Greater than 30" x 48")*

☐ Yes ☐ No ☐ Don't know ☐ N/A

20. If you travel using a wheelchair, during transit, will you want to transfer from your wheelchair to a seat?

☐ Yes ☐ No ☐ Don't know ☐ Sometimes
☐ N/A

21. If you travel using a wheelchair, power scooter, or power wheelchair, indicate the total estimated weight of the user and the mobility device:
(For example, if you weigh 150 pounds and your mobility device weighs 200 pounds, the response is 350)

_____

22. If you travel using a walker or wheelchair, does it fold up easily for transport?

☐ Yes ☐ No ☐ Don't know ☐ N/A

23. I travel with a service animal: ☐ Yes ☐ No

24. I use regular public transit buses *(e.g. Marin Transit or Golden Gate Transit):* ☐ Yes ☐ No

25. I have a Clipper card: ☐ Yes ☐ No ☐ No, but I want one!

Clipper card number: _____

26. Anything else you'd like to tell us about your transportation needs?

_____

Send it in!

For your convenience, you may submit this form:

Online: Complete this form at *marinaccess.org*

By Email: travelnavigator@marinaccess.org
Subject: Marin Access Enrollment

By Mail: Attn. Marin Access Enrollment
PO Box 2387
San Rafael, CA 94912

Si necesita información en otro idioma,
llame a Marin Access al (415) 454-0902.