



Transportation Solutions for Older Adults

Existing Riders (858) 637-7320
New Riders (858) 637-3210
www.jfssd.org/onthego

Name: _____

Address: _____

City: _____ Zip Code: _____ Email: _____

Phone: _____ Cell Phone: _____

For statistical purposes only:

Race: _____ Marital Status: _____ Religion: _____

Gender: [] Male [] Female Date of Birth: _____ Primary Language: _____

Annual Household Income:

- [] Less than \$10,000 [] \$10,000-\$19,999 [] \$20,000-\$29,999 [] \$30,000-\$39,999
[] \$40,000-\$49,999 [] \$50,000-\$59,999 [] \$60,000-\$74,999 [] \$75,000-\$99,999
[] Over \$150,000 [] Unknown/Declined to Report

Is your yearly income below \$29,175 for one or \$39,325 for two people? [] Yes [] No

Number in Household _____

In order to waive the \$20 enrollment fee, are you a paying member of any of the following partnering organizations?

- [] College Avenue Center [] Lawrence Family JCC
[] North County Inland Center [] New Life Club
[] Balboa Avenue Older Adult Center [] Seacrest Village – Rancho Bernardo
[] Synagogue _____ [] Town Park Villas/Co-Op
Name of Synagogue [] JFS Coastal Club

Medical Insurance: _____ Phone: _____

Emergency Contact Information

Name: _____ Relation: _____

Phone: _____ Email Address: _____



JOAN & IRWIN JACOBS CAMPUS
Turk Family Center
8804 Balboa Avenue, San Diego, California 92123 Phone (858) 637-3000 Fax (858) 637-3001 www.jfssd.org

On the Go is a division of





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Rider Name: _____

How did you hear about *On the Go*? _____

What form of transportation are you currently utilizing? _____

What type of rides will you be primarily using *On the Go* for?
(Check all that apply)

- Rides & Smiles
- Shopping Shuttle
- Taxi Scrip
- Navigator
- Shuttle to a JFS Social & Wellness Center
- Excursions
- Silver Sedan

If you utilize a wheelchair, can you self-transfer and walk independently? Yes No

Do you require physical assistance? Yes No

If yes, please describe. _____

If assistance is needed, an enrolled Caregiver must accompany the rider.

In order to better serve you, check all below that apply.

| X | MOBILITY AIDES | X | HEALTH |
|---|------------------------|---|------------------|
| | Cane | | Vision Impaired |
| | Walker (light weight) | | Hearing Impaired |
| | Walker (with seat) | | Oxygen Tank |
| | Collapsible Wheelchair | | Non-Ambulatory |
| | Non-Collapsible Chair | | |

In case of a natural disaster (earthquake, fire, etc.) would you like to receive a call from JFS?

Yes No

For Office Use: Date Filed: _____

Date Filed: _____

Rider Agreement _____

Transportation Waiver _____



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Please read, sign, and return to the *On the Go* office, along with your \$20 enrollment fee before receiving your first ride. Thank you.

General:

- *On the Go* is designed for individuals with limited transportation option
- JFS reserves the right to determine rider eligibility
- Please notify the *On the Go* office of ride cancellations with at least 24 hours' notice. Excessive cancellations may result in dismissal from the program;
- Riders must be prepared to depart at the requested pick-up time;
- Riders must be mentally alert and ambulatory or able to self-transfer into and out of the vehicle. If not, caregiver enrollment is required;
- Please do not tip the Drivers. Those Riders who would like to donate money may donate directly to the program; and
- If there is a problem or concern with a Driver, Riders should call JFS and notify the staff immediately at 858-637-7320.

Shuttles and Excursions (Group Transportation)

- Advance notice, a minimum of three business days for Shuttles;
- Shuttles cost \$4 each way, Excursions range from \$15 and up; and

Rides & Smiles (Individual Transportation):

- A minimum advance notice of 7 days is requested for all appointments. The maximum notice is 1 one month prior to the appointment;
- Rides are donation-based. Contributions are encouraged and appreciated, and will help ensure the longevity of the Program.
- Parking fees are the responsibility of the Rider; and
- JFS provides all Volunteer Drivers with additional liability coverage for the third party through Philadelphia Indemnity Insurance Company.

Navigator (Individual Transportation):

- Same day service with at least one hour notice; maximum notice is seven days.
- Rider responsible for the cost of the Lyft ride, plus a \$4 service charge. Rider also responsible for any fees incurred through Lyft for passenger no show, or late cancellation of scheduled rides

Print Name: _____

Signature: _____



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Release and Waiver of Liability and Indemnity Agreement

In consideration of my voluntary participation in a JFS transportation program, I _____, hereby agree to the following:

I hereby release, waive, indemnify and hold harmless Jewish Family Service of San Diego, its Directors, Officers, employees and volunteers from any loss, liability, and damage due to my voluntary participation in the transportation program.

I hereby assume full responsibility for the risk of bodily injury, death or property damage.

I further agree that the foregoing Release and Waiver of Liability and Indemnity Agreement is intended to be as broad and inclusive as is permitted by the law of the State of California, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have read and voluntarily sign the Release and Waiver of Liability and Indemnity Agreement, and further agree that no oral representations, statements or inducements, apart from the foregoing written agreement, have been made.

Signature of Rider

Date

JFS Staff Title

Date