

RYDE REGISTRATION RYDE 登記表

LIVING SITUATION 居住狀況

DATE 日期：

Client ID# 顧客 ID 號碼

Address 地址：

City 城市：

State 州：

Zip 郵遞區號：

ADULT 1 PROFILE INFORMATION 成人 1 基本資訊

Household type 家庭類型： ☐ Single Adult 單身成人

☐ Adults in a Household no Child(ren) 無孩子家庭的成人

☐ Household w/ Adult Child(ren) 有成年孩子的家庭

First Name 名字：

MI 中間名：

Last Name 姓氏：

Other Names Known As 別名：

Date of Birth 生日：

Gender 性別： ☐ Female 女性 ☐ Male 男性 ☐ Transgender F-M 跨性別女跨男 ☐ Transgender M-F 跨性別男跨女 ☐ Other 其他 ☐ Unknown 不明

Home Phone 住家電話：

Work Phone 公司電話：

Cell Phone 手機：

Email 電子郵件：

Smartphone 智慧型手機： Y 是 / N 否

Disability 身心障礙：

☐ Cognitive 認知 ☐ Mental 心理 ☐ Physical 生理 ☐ None 無

Mobility Aids 行動輔具： ☐ Walker 助行器 ☐ Cane 拐杖 ☐ Oxygen tank 氧氣瓶 ☐ Service animal 輔助性動物 ☐ Therapy animal 輔助治療動物

Marital Status 婚姻狀況： ☐ Single 單身 ☐ Married 已婚 ☐ Separated 分居 ☐ Divorced 離婚 ☐ Domestic Partner 同居伴侶關係 ☐ Widowed 喪偶

Education 教育程度： ☐ Some School 接受過一些學校教育 ☐ GED 普通教育 ☐ AA Degree 副學士學位 ☐ 大學學位 ☐ Graduate School 研究所學位

Highest Grade Level 最高學歷： ☐ Elementary School 小學 ☐ Middle School 中學

☐ High School 高中 ☐ Junior College 初級學院

☐ Undergraduate School 大學 ☐ 研究所

Are you of Hispanic Origin 您是西班牙裔嗎？ ☐ Yes 是

☐ No 否

☐ Unknown 不明 ☐ Declined 拒絕回答

Primary Ethnicity 主要種族： ☐ American Indian 美洲印第安人/Alaska Native 阿拉斯加原住民 ☐ Asian 亞裔 ☐ Black 黑人/African American 非裔美國人 ☐ Native Hawaiian 夏威夷原住民/Other Pacific Islander 他太平洋島民 ☐ White 高加索人 ☐ Unknown 不明 ☐ Declined 拒絕回答

Are you a veteran? 您是退伍軍人嗎？ ☐ Yes 是

☐ No 否

Primary Language 主要語言： ☐ English 英文 ☐ Chinese 中文 ☐ Russian 俄文 ☐ Spanish 西班牙文 ☐ Vietnamese 越南語 ☐ Other 其他：

English Fluency 英文流暢度：

☐ Fluent 流暢

☐ Semi-Fluent 還算流暢

☐ Not Fluent 不流暢

Employment Status 聘僱狀態 ☐ Full Time, 35+ hrs /wk 全職 · 35小時以上/週

☐ Part Time, less than 35 hrs /wk 兼職 · 35

小時以下/週 ☐ Retired 退休 ☐ Unemployed, seeking work 無業 · 求職中 ☐ Unemployed, not seeking work 無業 · 沒有求職 ☐ Disable, not in the labor force 身心障礙 · 無法從事勞力活動 ☐ Full time homemaker 全職主婦 ☐ Student 學生 ☐ Unknown 不明

Monthly Income 月收入：

Annual Income 年收入：

Number of People In Household 家庭人數：

Annual Household Income 家庭年收入：

Emergency Contact 緊急聯絡人：

Relationship 關係：

Phone Number 電話號碼：

Also a client? 也是顧客嗎？ ☐ Yes 是 ☐ No 否



Client ID# 顧客 ID 號碼

SASCC, WVCS, and the City of Morgan Hill are committed to treating you with dignity and respect. It is our goal to provide equal treatment to all seeking our services. We ask that you treat our staff and volunteers in the same manner. We reserve the right to refuse service to anyone unable to comply. Please read and sign the following: SASCC, WVCS, or the City of Morgan Hill may ask for verification of the information I provide and that this information will allow the program staff to assist me in an effective way. I understand that if I am unwilling to provide the necessary paperwork and/or am unable to verify my need, SASCC, WVCS or the City of Morgan Hill may not be able to provide me with assistance.

All information I provide is true and accurate.

SASCC、WVCS和Morgan Hill市致力於以有尊嚴和尊重的態度對待您。我們的目標是為所有尋求服務者提供平等的待遇。請您以相同的方式對待我們的員工和志工。我們保留拒絕服務任何無法遵守上述內容者的權利。請閱讀以下內容並於以下簽名：

SASCC、WVCS或Morgan Hill市可能會要求驗證本人提供的資訊，而此資訊將使計劃人員能夠有效地為本人提供協助。本人了解到，如果本人不願意提供必要的文件及/或無法證實本人的需求，SASCC、WVCS或Morgan Hill市可能無法為本人提供協助。本人提供的所有資訊都是真實且正確的。

All information between SASCC, WVCS, or the City of Morgan Hill and me is held strictly confidential unless:

SASCC、WVCS或Morgan Hill市和本人之間的所有資訊均嚴格保密，除非有下列狀況：

1. I authorize a release of information with a signature;
本人簽名授權發佈資訊；
2. SASCC, WVCS and/or the City of Morgan Hill is ordered by court to release information;
法院命令SASCC、WVCS及/或Morgan Hill市發佈資訊；
3. I present a danger to myself or others;
本人對自己或其他人構成危險；
4. Child & adult abuse/neglect are suspected;
懷疑有兒童和成人虐待/忽視；

In the latter two cases, SASCC, WVCS, and the City of Morgan Hill staff is required by law to inform potential victims and legal authorities so that protective measures can be taken.

在後兩種情況下，法律要求SASCC、WVCS和Morgan Hill市工作人員告知潛在的受害者和司法機關，以便可以採取保護措施。

Print Name of Adult 1
成人1的正楷書寫姓名

Signature of Adult 1
成人1的簽名

Date
日期

Waiver of Liability - Hold Harmless Agreement

免責聲明 - 免責協議

In consideration for receiving services provided by **Saratoga Area Senior Coordinating Council (SASCC), West Valley Community Services (WVCS), or the City of Morgan Hill** including, but not limited to access to the Food Pantry, I hereby release, waive, discharge and covenant not to sue SASCC, WVCS, and/or the City of Morgan Hill, its officers, servants, agents and employees (hereinafter referred to as "releases") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or relating to any loss, damage or injury, including death, that may be sustained by me, or to any property belonging to me, whether caused by the negligence of the releases, any third party, or otherwise.

考慮到接受**Saratoga地區高級協調委員會(SASCC)、West Valley社區服務(WVCS)或Morgan Hill市**所提供的服務（包括但不限於使用食物銀行），本人特此對SASCC、WVCS及/或Morgan Hill市、其官員、公職人員、代理人 and 員工（以下簡稱「免責人」）免除、豁免、放棄且依約不得起訴，免去承擔所有及任何可能由本人或屬於本人的任何財產（無論是由於免責人、任何第三方或其他的過失造成）承受的任何損失、損害或傷害（包括死亡）或與之有關而引起的責任、賠償、要求、訴訟和訴訟因由。

I hereby acknowledge that the Senior Transportation Pilot Program (RYDE) is a service provided by SASCC, WVCS, and the City of Morgan Hill and funded by Santa Clara County. I hereby waive the right to make any claims against Santa Clara County, WVCS, SASCC, and/or the City of Morgan Hill, or their official, employees, and volunteers for any injuries, damages, charges or expenses, including attorney's fees which might be sustained as a result of my participation in this program. I also acknowledge that WVCS, SASCC, and the City of Morgan Hill reserve the right to refuse transportation service.

本人特此確認年長者運輸試驗計劃(RYDE)是由SASCC、WVCS和Morgan Hill市所提供的服務，由Santa Clara縣資助。本人特此放棄對Santa Clara縣、WVCS、SASCC和/或Morgan Hill市或其官員、員工和志工提出任何傷害、損害、收費或開支（包括律師費）賠償的權利，其可因本人參與此計劃而得以持續。本人也確認WVCS、SASCC和Morgan Hill市保留拒絕運輸服務的權利。

I am fully aware of risks and hazards connected with being on the premises and receiving services, including food from the Food Pantry and /or Senior Transportation Program service (RYDE), and I am fully aware that there may be risks and hazards unknown to me connected with being on the premises and receiving services, and I hereby elect to voluntarily participate in receiving services provided by SASCC, WVCS, and/or the City of Morgan Hill its officers, servants, agents and employees, to enter upon the above named premises and engage in activities knowing that conditions may be hazardous, or may become hazardous or dangerous to me and my property. 本人完全清楚與在現場及接受服務（包括來自食物銀行的食物及/或年長者運輸計劃服務(RYDE)）有關的風險和危害，並且本人完全清楚可能存在與在該處所及接受服務有關聯而本人不知曉的風險和危害，本人特此自願參與接受由SASCC、WVCS及/或Morgan Hill市的官員、公職人員、代理人 and 員工提供的服務，以進入上述處所並參加活動，本人知道情況可能對本人和本人的資產構成危害，或者可能變得對本人和本人的資產構成危害或危險。



I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that may be sustained by me, or any loss or damage to property owned by me, as a result of receiving services from SASCC, WVCS, or the City of Morgan Hill whether caused by the negligence of releases or otherwise.

無論是由於免責人的疏忽還是其他原因所造成，對於可能由本人承受的SASCC、WVCS或Morgan Hill市的接收服務所造成的任何損失、資產損害或人身傷害風險（包括死亡），或對本人擁有資產造成的任何損失或損害，本人自願承擔全部責任。

I agree and acknowledge that (i) intend these consequences even as to claims for damages that may exist as of the date of this release but which I do not know exist, and which, if known, would materially affect my decision to execute this release, regardless of my lack of knowledge is the result of ignorance, oversight, error, negligence or any other cause, and (ii) this release is a material term and condition precedent for my employment/services with SASCC, WVCS, or the City of Morgan Hill.

本人同意並確認，(i) 無論本人是否缺乏了解，即使對於在本免責聲明之日期可能已經存在但本人不知道其存在的損害賠償要求，且其若為已知可能會嚴重影響本人執行此免責聲明的決定，都預期這些後果是由於無知、漏失、錯誤、疏忽或任何其他原因造成的，並且(ii) 此免責聲明是本人在SASCC、WVCS或Morgan Hill市工作/服務的重要條款和先決條件。

I further hereby agree to indemnify and save and hold harmless the releases and each of them, from any loss, liability, damage or costs they may incur, whether caused by the negligence of any or all of the releases, or otherwise. 本人在此進一步同意，保障免責人並使每個免責人免於因任何或所有免責人的疏忽或其他原因而可能招致的任何損失、責任、損害或費用，並使他們免受損害。

I authorize SASCC, WVCS, and/or the City of Morgan Hill to use and disclose my protected "passenger information" to County for the purposes of program oversight. "Passenger information" shall be defined as follows: income verification; customer feedback forms; trip information, including pickup and destination information; and all other information SASCC, WVCS, or the City of Morgan Hill have gathered within scope of RYDE.

本人授權SASCC、WVCS和/或Morgan Hill市使用本人的受保護「乘客資訊」並向County披露，以進行計劃監督。「乘客資訊」的定義如下：收入驗證、顧客回饋表、行程資訊，包括接送和目的地資訊，以及在RYDE範圍內所收集的SASCC、WVCS或Morgan Hill市所有其他資訊。

☐ I hereby grant the West Valley Community Services (WVCS) Saratoga Area Senior Coordinating Council (SASCC), and the City of Morgan Hill permission to

use my likeness in a photograph, video, or other digital media ("photo") in any and all of its publications, including web-based publications, without payment or other consideration. I understand and agree that all photos will become the property of WVCS, SASCC, and/or the City of Morgan Hill and will not be returned. I hereby irrevocably authorize WVCS, SASCC, or the City of Morgan Hill to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.

☐ 本人特此授予West Valley社區服務(WVCS)、Saratoga地區高級協調委員會(SASCC)和Morgan Hill市許可，將本人的肖像用於任何形式的照片、影片或其他數位媒體（以下簡稱「照片」）於其所有出版物中，包括基於網路的出版物，均無需支付費用或其他代價。本人理解並同意，所有照片將成為WVCS、SASCC及/或Morgan Hill市的資產，並且不會退還。

本人在此不可撤銷地授權WVCS、SASCC或Morgan Hill市出於任何合法目的編輯、修改、複製、展示、發表或分發這些照片。此外，本人放棄檢查或批准本人形象出現在其中之成品的任何權利。此外，本人放棄使用照片或與使用照片有關的任何使用費或其他補償。

It is my express intent that this Release shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a Release, Waiver, Discharge and Covenant Not to Sue the above named releases.

本人的明確意圖是，如果本人健在，則本免責聲明對本人的家人和配偶具有約束力；如果本人已故，則對本人的繼承人、受讓人 and 個人代表具有約束力，並且應視為對上述指名的免責人免除、豁免、放棄且依約不得起訴。

In signing this release, I acknowledge and represent that:

在簽署此免責聲明之時，本人確認並表示：

1. I have read the foregoing release, understand it, and sign it voluntarily as my own free act and deed;
作為本人自己的自由作為和行動，本人已閱讀、理解並自願簽署了上述免責聲明；
2. No oral representation, statements or inducements, apart from the foregoing written agreement, have been made;
除上述書面協議外，沒有口頭陳述、說明或誘使；
3. I am at least eighteen (18) years of age and fully competent; and
本人至少十八(18)歲，並且完全能獨立評估；且
4. I execute this Release for full, adequate and complete consideration fully intending to be bound by same.
本人出於完全、充分和全面的考慮而執行本免責聲明，完全意欲受其約束。

Participant signature 參加者簽名：_____

Name Printed 正楷書寫姓名：_____ Date 日期：_____

Client ID# 顧客 ID 號碼: _____

Household Income Verification Form 家庭收入驗證表

Client Information 顧客資訊

Client Name 顧客姓名

Phone # 電話號碼: ()

Household Income Sources 家庭收入來源

Please read all instructions on this form prior to filling it out.

請先閱讀此表格上的所有說明，然後再填寫。

If the client is a dependent, please list the income source and amounts of income for all family members in household (including the client). If a family member does not contribute to the household income, please indicate zero in the amount field.

如果委託人是受撫養人，請列出家庭中所有家庭成員（包括顧客）的收入來源和收入金額。如果家庭成員沒有貢獻家庭收入，請在金額欄位中輸入零。

Household 家庭		Amount 金額	Frequency 頻率		
Name 姓名	Relationship 關係		Weekly 每週	Monthly 每月	Yearly 每年
	Client 顧客				

Include the following types of income, and any others not listed here, to depict the combined income of household.

包括以下收入類型，以及此處未列出的其他任何類型，以描述家庭的合併收入。

- | | | |
|---|--|--|
| <input type="checkbox"/> 1.Wages 薪水 | <input type="checkbox"/> 5.Alimony 膳養費 | <input type="checkbox"/> 8.Pension 退休金 |
| <input type="checkbox"/> 2.Rental Property Income 租金收入 | <input type="checkbox"/> 6.SSI 社會安全生活補助金 | <input type="checkbox"/> 9.Workers Compensation 勞工賠償 |
| <input type="checkbox"/> 3.Unemployment 失業 | <input type="checkbox"/> 7.SSDI 社會保障殘疾保險 | |
| <input type="checkbox"/> 4.Other Income (Please Explain) 其他收入 (請說明) : | | |

Submission Instructions 送件說明

請附上上述所有收入來源的證明文件。

將填寫好的表格和收入證明文件送回給您的RYDE協調員。

If this form is submitted incomplete, it will delay the income document review process. If the form or attached documentation is unclear your area coordinator will contact you by phone.

如果此表格未填寫完整就提交，將延遲收入文件審核過程。如果表格或所附文件不清楚，您的區域協調員將通過電話與您聯繫。

I understand that completion of this form does not guarantee financial or other assistance from WVCS, SASCC, or the City of Morgan Hill. I also understand that this information is subject to verification by WVCS, SASCC, and/or the City of Morgan Hill. I understand that the information presented in this letter is true and correct to the best of my knowledge and belief.

本人了解完成此表格無法保證獲得WVCS、SASCC或Morgan Hill市的財務或其他援助。本人也了解此資訊有待WVCS、SASCC及/或Morgan Hill市的驗證。就本人所知和所信，本人了解本信中提供的資訊是真實且正確的。

Client Signature 顧客簽名:

Date日期:

Frequent Locations 常在位置

Client ID# 顧客 ID 號碼：_____

Client's Name 顧客姓名：_____

**please give any extra information about your location below the address you have given, such as a preferable entrance, a cross street, or any other notes*

**請在您提供的地址下方提供有關您位置的任何其他資訊，例如優選入口、十字路口或任何其他註釋*

Location 位置	Address 地址	Phone # 電話號碼
1.		
2.		
3.		
4.		
5.		



Authorized Persons 授權人員

An authorized person is anyone who may need to make any changes, financial decisions or schedule a ride for the client.

授權人員是可能需要為顧客做出任何更改、財務決定或安排行程的任何人。

Name 姓名	Relationship 關係	Phone 電話	Email 電子郵件

Please complete pages 1-5 and mail to your area coordinator.

請填寫完第1至5頁，然後郵寄給您的區域協調員。

- Complete page 4 and include supporting documents (SSI letter, Unemployment, 3 paystubs, Retirement, etc.), if page 4 is not completed you will have the base rate for rides.
填寫完第4頁並包括證明文件（SSI信件、失業證明、3個薪資單、退休證明等），如果第4頁未完成，您將支付基本乘車費用。
- You must provide an Emergency Contact. If none is provided we cannot provide you a ride.
您必須提供緊急聯絡人。如果沒有提供，我們將無法為您提供搭乘服務。
- Once all of the completed forms have been received you will receive a letter stating your rate. Before your first ride you will need to make a deposit.
所有填寫完成的表格收件後，您將收到一封說明費率的信件。在第一次搭乘之前，您需要先支付一筆押金。
- When you have completed all of the forms please remove pages 7 & 8 (Grievance Procedure) and keep them in your records.
完成所有表格後，請刪除第7頁和第8頁（申訴程序），並將其留存為您的記錄。

Sam Sloan
RYDE Coordinator – Campbell,
Cupertino, San Jose (zip codes:
RYDE 協調員 – Campbell,
Cupertino, San Jose (zip codes:
95129 and 95130 郵遞區號：95129
和95130)
10104 Vista Drive, Cupertino, CA
95014
(669) 220-0831
RYDEinfo@wvcommunityservices.org
www.wvcommunityservices.org

Joe Maddox
RYDE Coordinator -
Saratoga, Los Gatos, Monte
Sereno, San Jose (zip codes:
95120 and 95124)
RYDE 協調員 - Saratoga,
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San Jose (郵遞區號：
95120和95124)
PO Box 3033, Saratoga, CA
95070
(408) 892-9739
RYDE@sascc.org
www.sascc.org

Denise Melroy
RYDE 協調員 – Morgan Hill
171 W Edmunson Ave, Morgan
Hill, CA 95037
(408) 310-4250
RYDE@mhcr.com
www.mhcr.com

Grievance Procedure 申訴程序

A grievance is a dispute of differences of opinion raised by a client, volunteer or employee against SASCC, WVCS and/or the City of Morgan Hill involving the meaning, interpretation or application of the office/client procedures, volunteer manual, or personnel policy manual. A grievance shall be processed in the following manner:

申訴是客戶、志工或員工針對SASCC、WVCS及/或Morgan Hill市提出的意見分歧爭端，涉及辦事處/客戶程序、志工手冊或人事政策手冊的含義、解釋或適用範圍。申訴應通過以下方式進行：

Step 1 步驟1： Any client, volunteer, or employee, who has a grievance, shall submit the grievance in writing, designated as a grievance to the appropriate immediate supervisor (Program Director, Recreation Supervisor, or Executive Director). The supervisor shall give a written response within five (5) working days after such presentation. 任何有申訴事宜的顧客、志工或員工，均應如指定的申述書面形式將申訴提交給適切的直屬主管（項目董事、活動監委或執行董事）。主管應在陳情後五(5)個工作天內做出書面答复。

Step 2 步驟2： If the grievance is not settled in Step 1 and the client, volunteer or employee wishes to advance the grievance to Step 2 of the grievance procedure, the grievance shall be referred in writing to the Executive Director or Recreation Supervisor within five (5) working days after the written response in Step 1 was received. The written grievance shall contain a complete statement of facts, the situation or issue in dispute, and the relief requested. The Executive Director or Recreation Supervisor shall discuss the grievance within five (5) working days with the client, volunteer or employee with a written answer within (5) working days of the meeting. 如果申訴未在步驟1中解決，並且顧客、志工或員工希望將申訴進行至申訴程序的步驟2，則應在收到步驟1的書面回復後五(5)個工作天內以書面形式將申訴轉交給執行董事或活動監委。書面申訴應包含事實、爭端情況或問題的完整陳述以及所要求的救濟。執行董事或活動監委應在五(5)個工作天內與顧客、志工或員工討論投訴事宜，並在會議後五(5)個工作天內做出書面答覆。

Step 3 步驟3： If the grievance is not settled in Step 2 and the client, volunteer or employee wishes to appeal the grievance to Step 3 of the grievance procedure, the grievance shall be referred in writing to the Board Administration Committee of the Board of Directors or Public Services Director within five (5) working days after the Executive Director's answer in Step 2 was received and signed by the client, volunteer or employee. The written grievance shall contain a complete statement of facts, the situation or issue in dispute, and the relief requested. If no settlement is reached, the Board of Administration Committee of the Board of Directors or Public Services Director shall give a written answer to the client, volunteer or employee within five (5) working days following their meeting. All decisions made by the Public Services Director are final. 如果申訴在步驟2中未達成和解，並且顧客、志工或員工希望將申訴上訴到申訴程序的步驟3，則應在顧客、志工或員工收到並簽署執行董事在步驟2中給出的答覆後的五(5)個工作天內，將申訴以書面形式轉交董事會的董事會行政委員會或公共服務董事。書面申訴應包含事實、爭端情況或問題的完整陳述以及所要求的救濟。如果仍未達成和解，則董事會的行政委員會或公共服務董事應在會議之後的五(5)個工作天內，向顧客、志工或員工提供書面答覆。公共服務董事的所有決定均為最終決定。

Step 4 (for WVCS and SASCC only): 步驟4 (僅適用於WVCS和SASCC)： If the grievance is not settled in Step 3 and the client, volunteer or employee wishes to appeal the grievance to Step 4 of the grievance procedure, the grievance shall be referred in writing to full Board of Directors within five (e) working days after the Board Administration Committee's answer in Step 3 was received and signed by the client, volunteer or employee. The written grievance shall contain a complete statement of facts, the situation or issue in dispute, and the relief requested. If no settlement is reached, the Board of Directors shall give a written answer to the client, volunteer or employee within five (5) working days following their meeting. All decisions made by the Board of Directors are final. 如果申訴在步驟3中未達成和解，並且顧客、志工或員工希望將申訴上訴到申訴程序的步驟4，則應在顧客、志工或員工收到並簽署董事會行政委員會在步驟3中的答覆後的五(e)個工作天內，將申訴以書面形式將申訴轉交董事會全體。書面申訴應包含事實、爭端情況或問題的完整陳述以及所要求的救濟。如果仍未達成和解，董事會應在會議後的五(5)個工作天內向顧客、志工或員工提供書面答覆。董事會做出的所有決定均為最終決定。