

RYDE REGISTRATION

LIVING SITUATION

DATE:

Client ID#

Address:

City:

State:

Zip:

ADULT 1 PROFILE INFORMATION

Household type: ☐ Single Adult ☐ Adults in a Household no Child(ren) ☐ Household w/ Adult Child(ren)

First Name:

MI:

Last Name:

Other Names Known As:

Date of Birth:

Gender: ☐ Female ☐ Male ☐ Transgender F-M ☐ Transgender M-F ☐ Other ☐ Unknown

Home Phone:

Work Phone:

Cell Phone:

Smartphone: Y/N

Email:

Disability: ☐ Cognitive ☐ Mental ☐ Physical ☐ None

Mobility Aids: ☐ Walker ☐ Cane ☐ Oxygen tank ☐ Service animal ☐ Therapy animal

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Domestic Partner ☐ Widowed

Education: ☐ Some School ☐ GED ☐ AA Degree ☐ College Degree ☐ Graduate Degree

Highest Grade Level: ☐ Elementary School ☐ Middle School ☐ High School
☐ Junior College ☐ Undergraduate School ☐ Graduate School

Are you of Hispanic Origin: ☐ Yes ☐ No ☐ Unknown ☐ Declined

Primary Ethnicity: ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American
☐ Native Hawaiian/Other Pacific Islander ☐ White ☐ Unknown ☐ Declined

Are you a veteran?: ☐ Yes ☐ No

Primary Language: ☐ English ☐ Chinese ☐ Russian ☐ Spanish ☐ Vietnamese ☐ Other:

English Fluency: ☐ Fluent ☐ Semi-Fluent ☐ Not Fluent

Employment Status: ☐ Full Time, 35+ hrs/wk ☐ Part Time, less than 35 hrs/wk ☐ Retired

☐ Unemployed, seeking work

☐ Unemployed, not seeking work

☐ Disable, not in the labor force

☐ Full time homemaker

☐ Student

☐ Unknown

Monthly Income:

Annual Income:

Number of People In Household:

Annual Household Income:

Emergency Contact:

Relationship:

Phone Number:

Also a client? ☐ Yes ☐ No

Client ID#

SASCC and WVCS 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 or WVCS 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 and WVCS may not be able to provide me with assistance.

All information I provide is true and accurate.

All information between SASCC and WVCS and me is held strictly confidential unless:

1. I authorize a release of information with a signature;
2. SASCC and/or WVCS is ordered by court to release information;
3. I present a danger to myself or others;
4. Child & adult abuse/neglect are suspected;

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

Print Name of Adult 1

Signature of Adult 1

Date

Waiver of Liability - Hold Harmless Agreement

In consideration for receiving services provided by **Saratoga Area Senior Coordinating Council (SASCC) and West Valley Community Services (WVCS)**, including, but not limited to access to the Food Pantry, I hereby release, waive, discharge and covenant not to sue SASCC and/or WVCS, 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.

I hereby acknowledge that the Senior Transportation Pilot Program (RYDE) is a service provided by SASCC and WVCS, and funded by Santa Clara County. I hereby waive the right to make any claims against Santa Clara County, WVCS and/or SASCC, 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 and SASCC reserve the right to refuse transportation service."

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 or WVCS, 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. 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 or WVCS, whether caused by the negligence of releases or otherwise. (Continued on next page...)

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 or WVCS.

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.

I authorize SASCC and WVCS 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 or WVCS have gathered within scope of RYDE.

☐ I hereby grant the West Valley Community Services (WVCS) and Saratoga Area Senior Coordinating Council (SASCC) 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 and SASCC and will not be returned. I hereby irrevocably authorize WVCS and SASCC 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.

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.

In signing this release, I acknowledge and represent that:

1. I have read the foregoing release, understand it, and sign it voluntarily as my own free act and deed;
2. No oral representation, statements or inducements, apart from the foregoing written agreement, have been made;
3. I am at least eighteen (18) years of age and fully competent; and
4. I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

Participant signature: _____

Name Printed: _____ Date: _____

Client ID #: _____

Household Income Verification Form

Client Information

Client Name _____ Phone #:() _____

Household Income Sources

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

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.

Household		Amount	Frequency		
Name	Relationship		Weekly	Monthly	Yearly
	Client				

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

- | | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> 1. Wages | <input type="checkbox"/> 5. Alimony | <input type="checkbox"/> 8. Pension |
| <input type="checkbox"/> 2. Rental Property Income | <input type="checkbox"/> 6. SSI | <input type="checkbox"/> 9. Workers Compensation |
| <input type="checkbox"/> 3. Unemployment | <input type="checkbox"/> 7. SSDI | |
| <input type="checkbox"/> 4. Other Income (Please Explain): | | |

Submission Instructions

Please attach (or bring) supporting documentation for all income sources mentioned above for review.

Return completed form and supporting income documents to your RYDE coordinator. 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.

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

Client Signature: _____ Date: _____

Frequent Locations

Client ID#: _____

Client's Name: _____

**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*

Location	Address	Phone#
1.		
2.		
3.		
4.		
5.		

Authorized Persons

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

Name	Relationship	Phone	Email

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

- 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.
- You must provide an Emergency Contact. If none is provided we cannot provide you a ride.
- 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.
 - To make a deposit:
 - By credit card; you will call your area coordinator.
 - By check; you will mail it to your area coordinator.
 - If you live in Campbell and Cupertino, make the check out to WVCS and put in the memo that it is for RYDE.
 - If you live in Saratoga, Los Gatos, or Monte Sereno, make it out to SASCC and put in the memo that it is for RYDE.
- When you have completed all of the forms please remove pages 7 & 8 (Grievance Procedure) and keep them in your records.

Sam Sloan
RYDE Coordinator - WVCS
(Campbell & Cupertino)
10104 Vista Drive, Cupertino, CA 95014
669.220.0831
sams@wvcommunityservices.org
www.wvcommunityservices.org

Tara Auday
RYDE Coordinator - SASCC
(Los Gatos, Saratoga & Monte Sereno)
19655 Allendale Ave, Saratoga, CA 95070
408.892.9739
tara@sascc.org
www.sascc.org

Grievance Procedure

A grievance is a dispute of differences of opinion raised by a client, volunteer or employee against SASCC and/or WVCS 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:

Step 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 (Shelter Case Manager, Volunteer Coordinator, Project Director or Executive Director). The supervisor shall give a written response within five (5) working days after such presentation.

Step 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 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 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

Step 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 within five (e) 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 shall give a written answer to the client, volunteer or employee within five (5) working days following their meeting.

Step 4: 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.