



City of San Leandro
2020-21 FLEX Paratransit Renewal Application

2019-2020 FLEX membership expires June 30, 2020

For questions, please call Liz Escobar at 1 (510) 577-7985



Thank you for your interest in renewing your FLEX membership! You may submit this renewal application in person or via mail.

2020-2021 FLEX ANNUAL MEMBERSHIP RENEWAL APPLICATION

Rider's Name _____ Gender: _____

Address: _____ Zip code: _____

Cell Phone: _____ Alternate Phone: _____

Birthdate: _____ Email Address: _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Cell Phone: _____ Alternate Phone: _____

Email: _____

Are you certified with East Bay Paratransit (EBP)? Yes No

If EBP certified, please indicate EBP client # _____ and attach copy of certification

If you require an attendant to ride with you, please provide their name: _____

Have you used Lyft or Uber before? Yes No

Do you use any of the following mobility aids or specialized equipment? (Please check all that apply)

Cane Walker Wheelchair Power Scooter White Cane Leg Braces
 Crutches Portable Oxygen Respirator Service Animal Portable Oxygen Tank Other: _____

Can you transfer from mobility aid (aids) to vehicle without assistance? Yes No

Do you require use of FLEX Shuttle Lift to board? Yes No

List Condition(s) impacting mobility: _____

IMPORTANT

Your 2019-2020 FLEX annual membership expires on June 30, 2020.

To continue using the FLEX Paratransit, you must renew your FLEX membership no later than June 30, 2020.

Release of Liability: I, the undersigned, in consideration of participation in the program(s) listed above, agree to indemnify and hold the City of San Leandro ("City") harmless, and release the City and its employees, agents, and volunteers from any and all liability for any injury or loss which may be suffered by the above named individual(s) arising out of or in any way connected with participation in the above program(s). I acknowledge that City takes photographs or other recordings of its activities and events for publicity and authorize the use of my image by the City.

Signature: _____

Date: _____

Signature of Attendant, if applicable: _____

Please answer questions on the back of this application.

Staff Use Only: Processed in Active Net (initials): _____ Date: _____
 Photo Taken: Y N Date Card Issued: _____ Mail or In-Person (circle one)
 Entered in ROD Y N/A Date: _____ Rev 10/2020

Please answer the following questions:

1. Self-identify your race/ethnicity:

- African American
- Native American
- Asian
- Filipino
- Hispanic or Latino
- Pacific Islander
- White Not Hispanic
- Two or more races

- _____
- Other _____
- Decline to state

2. Check the primary language used in your household.

- English
- Spanish
- Cantonese
- Filipino or Tagalog
- Vietnamese
- Arabic
- Mandarin
- American Sign Language
- Other _____
- Decline to state

3. How many people live in your household? _____

4. Do you live in Housing Facility? Y or N

If yes, Facility Name: _____ Facility Phone: _____

5. Please check your annual household income group.

- \$0 - \$41,000
- \$41,001-\$62,000
- \$62,001-\$74,000
- \$74,001-\$95,000
- \$95,001-\$123,000
- \$123,001- \$148,000
- \$148,000 +
- Decline to state



Thank You!

