

YOUR Ride Eligibility Form

Please complete this form and mail or return it, along with proof of eligibility, to the following address:

Attention: YOUR Ride Eligibility
350 Industrial Way
Woodland, CA 95776

Primary Applicant Information

Last Name:	First Name:	Middle Initial:
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Household Street Address:

City:	State:	Zip Code:
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Email:

Phone:

Additional Household Registrants Information

1. Full Name:

a. Email:

b. Phone:

c. Relationship to Primary Applicant:

2. Full Name:

a. Email:

b. Phone:

c. Relationship to Primary Applicant:

3. Full Name:

a. Email:

b. Phone:

c. Relationship to Primary Applicant:

4. Full Name:

a. Email:

b. Phone:

c. Relationship to Primary Applicant:

*Additional household member information may be attached to this form as necessary

CONTINUED ON REVERSE →

Do you or any member of your household use or require a mobility device or special accommodations? Yes No

If Yes, Please indicate which member and what accommodations may be required:

- Primary:
 - Wheelchair Cane/Walker Personal Care Attendant (PCA)
 - Other (specify):_____
- Household Registrant 1:
 - Wheelchair Cane/Walker Personal Care Attendant (PCA)
 - Other (specify):_____
- Household Registrant 2:
 - Wheelchair Cane/Walker Personal Care Attendant (PCA)
 - Other (specify):_____
- Household Registrant 3:
 - Wheelchair Cane/Walker Personal Care Attendant (PCA)
 - Other (specify):_____
- Household Registrant 4:
 - Wheelchair Cane/Walker Personal Care Attendant (PCA)
 - Other (specify):_____

For YOUR Ride Use Only

Application Identification Number:

Expiration Date:

Eligibility Document:

- Government-issued Identification Card
- Mortgage/Rental/Lease Agreement or Utility Bill
- Medical Document/Bill
- Employment Document
- Educational Facility/Institution Letter or Enrollment Document
- Other (specify):_____

Verified By: