



Dear Applicant:

Welcome to *Out and About Vista*, a supplemental transportation program funded by the City of Vista. Our goal is to assist Vista city residents over the age of 60 with in-town grocery shopping, medical appointments and other errands. Our program provides the following transportation options:

- Shuttle service for in town groceries and shopping – 2 days a week.
- Shuttle service for in town medical appointments (including the Tri-City Hospital area) – Mondays only.
- Volunteer driver service for out of town appointments and errands. Each Out & About rider is limited to 150 travel miles with volunteers, per month. Please note that our program is staffed by volunteers, and that some ride requests may not be accommodated due to availability.
- Mileage Reimbursement for friends who volunteer their time driving you to medical appointments or to run errands. Reimbursement is 55 cents per mile, with a limit of 150 miles per calendar month. To be eligible for reimbursement, your driver:
  - *Cannot be a family member*
  - *Cannot reside with you*
  - *Must fill out a volunteer driver application*
  - *Ride request must be pre-approved thru Out & About*

***A few key things you should know before riding Out & About...***

- ✓ Round trip fare is 3.00 or you can purchase 11 rides for \$30.00.
- ✓ To request a ride for **shuttle service**, please call at least 1 day in advance.
- ✓ To request a **volunteer driver**, please call at least 1 week in advance.
- ✓ Please cancel your rides at least 2 hours before your pick up time.

**Please mail or bring your completed application to:**  
*Out & About Vista*, 1400 Vale Terrace Road, Vista, CA 92084  
Fax to (760) 643-2827, Attention: Amy Eustace  
Office Hours: Monday thru Thursday 8:30 – 3:00 & Friday 8:30-12:30  
Office Phone: 760-639-6161

## OUT & ABOUT VISTA APPLICATION

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Apt/Space #: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Nearest cross street to your home: \_\_\_\_\_

Name of apartment complex or residence: \_\_\_\_\_

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Gender: Male  Female

**List two people to contact in case of emergency:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Dr's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

*The following information is confidential and used for statistical purposes only.*

1. Are you able to drive? No  Yes

2. Do you live alone? No  Yes  If No, how many people reside with you? \_\_\_\_\_

3. Do you have a diagnosed illness or disability? \_\_\_\_\_

4. How would you describe your health? Good  Fair  Poor

5. Do you use any of the following mobility aids?

None  Cane  Walker  Wheelchair  Service Animal

6. Are you visually impaired? No  Yes

7. Is the driveway to your home safely able to accommodate a 24' vehicle  
with sufficient area to turn around? No  Yes

8. How were you referred to *Out & About Vista*? \_\_\_\_\_

9. What is your household income? Below 20,000  30,000  45,000

10. What is your ethnicity? White  Black  Asian/ Pacific Islander

Native American  Hispanic  Other

I certify that the above information is true and correct and that I can be discharged for any misrepresentation of information. I and anyone entitled to act on my behalf, waive and release the City of Vista, its agents, employees and volunteers from any and all claims of liabilities of any kind arising from my participation in the Out & About Vista program.

Signature \_\_\_\_\_ Date \_\_\_\_\_