



Dear Applicant:

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

- Shuttle and van service for in-town groceries, shopping and errands.
- Shuttle and van service for in-town medical appointments, including the Tri-City Hospital area.
- Volunteer driver service for out of town appointments. 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.
- Purchase discounted taxi scrip with Out & About! We sell **Taxi Scrip** for 60% off the actual value!! You get a twenty dollar booklet for only \$8.00! You must be registered with Out and About before you can purchase Scrip. Limit 4 booklets per month. The taxi meter is not discounted. The discount comes in the sale of the booklet only.

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

- ✓ Round trip fare is \$5.00 for our Shuttle bus and van service and is collected at the time of ride reservation.
- ✓ To request a ride for **shuttle or van service**, please call at least 2 days in advance.
- ✓ Round trip fare is \$6.00 for rides with Volunteer Drivers less than 35 miles. Traveling 35 or more miles is \$12.00 round trip fare.
- ✓ To request a **Volunteer Driver**, please call at least 1 week in advance in order to allow our office time to find a volunteer for you.
- ✓ Please cancel your rides at least 2 hours before your pick up time. Repeat cancellations may result in denial of service.

Please mail or bring your completed application to:
Out & About Vista, 1400 Vale Terrace Drive, Vista, CA 92084
Fax to (760) 643-2827, Attention: Veronica Giancola
vgiancola@cityofvista.com
Office Phone: 760-639-6161



OUT & ABOUT VISTA APPLICATION

The City of Vista prohibits discrimination in its programs on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status

Name	Phone Number		
Street Address	City	State	Zip

Nearest cross street to your home	Name of Apartment Complex or Housing Development
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Birth date: ___/___/___ Male Female Email address: _____

Include photo documentation of Proof of ID, age & residency: _____ (Admin Initial)

Emergency Contact Name:

Name	Home Phone	Cell Phone	Relation
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How did you hear about our program?

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 mobility aids? Cane Walker Wheelchair Service Animal
6. Are you any of the following? Visually impaired Hearing impaired
7. Can a 24' bus safely turn around in your driveway? No Yes
8. What is your income? Below 16,900 16,901- 28,150 28,151- 45,000 Over 45,000
9. Please select the racial category in which you most closely identify: White African American
American Indian or Alaskan Native Asian Native Hawaiian/Pacific Islander Other
10. Are you Hispanic? No Yes
11. What is the main language spoken in your home? _____

Release and Waiver of Liability and Indemnity

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 release, waive and indemnify and hold harmless the City of Vista, its agents, employees and volunteers from any loss, liability, and damage due to my voluntary participation in the Out & About transportation program.

Signature	Date
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