



# CITY OF LAGUNA NIGUEL

## Senior Mobility Transportation Program Application

**Please print clearly. All fields must be filled out completely. Please complete and sign both sides before submitting your application. Submit application to the City of Laguna Niguel Sea Country Senior & Community Center front desk or mail to the address listed on the reverse side. Incomplete forms will be returned to sender.**

The City of Laguna Niguel's Senior Mobility Transportation Program provides free roundtrip transportation from Laguna Niguel resident's home to the Sea Country Senior & Community Center, Monday - Friday, 9 am- 4 pm. The City contracts with Age Well Senior Services who coordinates California Yellow Cab Taxi service and will contact approved applicants.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Apt. / Unit # \_\_\_\_\_  
 City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_  
 Cell: Phone: (\_\_\_\_) \_\_\_\_\_

**Eligibility Questionnaire:**

1. Are you a Laguna Niguel resident ?  Yes  No Verified \_\_\_\_\_
2. What is your date of birth? Month: \_\_\_\_\_ Date: \_\_\_\_\_ Year: \_\_\_\_\_ Verified \_\_\_\_\_
3. Male:  Female:
4. Do you own a car?  Yes  No
5. Are you able to drive?  Yes  No
6. Do you have any physical or functional limitations?  Yes  No  
 If yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_
7. Do you require a mobility device or special equipment for transport?  Yes  No  
 Please check all that apply:  
 Cane: \_\_\_\_\_ Walker: \_\_\_\_\_ Wheelchair: \_\_\_\_\_ Oxygen: \_\_\_\_\_ Other: \_\_\_\_\_ (Cannot Accommodate Scooters)
8. Will a personal care attendant or assistant be traveling with you?  Yes  No
9. Do you require door-to-door assistance?  Yes  No
10. Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Emergency Contact Relationship: \_\_\_\_\_

**My signature verifies all information in this application to be true.**

\_\_\_\_\_  
**APPLICANT SIGNATURE/ OR RESPONSIBLE PARTY** \_\_\_\_\_  
**DATE**

**STAFF USE ONLY**

APPROVED  Initial \_\_\_\_\_

ACTIVENET  Date \_\_\_\_\_

TO AWSS  Date \_\_\_\_\_



**CITY OF LAGUNA NIGUEL WAIVER**

I hereby waive the right to make any claims against the City of Laguna Niguel, its officers, agents and employees for any injury or damages, charges or expenses, including attorney's fees which might be sustained as a result of my participation in activities at the Sea Country Senior & Community Center and with the Senior Mobility Transportation Program. This waiver is given in partial consideration for permission granted by the City of Laguna Niguel to participate in the activity or activities. I further understand the City does not provide any form of insurance for program participants. I permit the use of activity/event photography and/or video of myself for media promotion.

**Transportation Provider:**



**AGE WELL SENIOR SERVICES, INC. WAIVER**

I hereby acknowledge that the City of Laguna Niguel Senior Mobility Transportation Program is a service provided by Age Well Senior Services. I hereby waive the right to make any claims against Age Well Senior Services, Inc. and their officials, employees and volunteers, for any injuries, damages, charges or expenses, including attorney's fees, which might be sustained as a result of my participation with the City of Laguna Niguel Transportation Program provided by Age Well Senior Services, Inc. I also acknowledge that Age Well Senior Services reserves the right to refuse transportation services.

**Client Signature:** \_\_\_\_\_

I have read and understand these releases from liability .

**PLEASE PRINT CLEARLY**

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_

**Phone:** (     ) \_\_\_\_\_

**Please return this application to:**

Sea Country Senior & Community Center  
24602 Aliso Creek Road  
Laguna Niguel, CA 92677

**(OVER)**