



CITY OF LAGUNA NIGUEL



SENIOR MOBILITY PROGRAM



FOR MORE INFORMATION, CONTACT THE FRONT DESK AT (949) 425-5151



CITY OF LAGUNA NIGUEL

SENIOR MOBILITY TRANSPORTATION PROGRAM

PROGRAM OVERVIEW

Background

Through OCTA Measure M2 funding, this service provides transportation service through a City contract with California Yellow Cab roundtrip transportation from Laguna Niguel resident's home to the Sea Country Senior & Community Center, **non-emergency medical appointments to Saddle Back Memorial Hospital, Mission Hospital in Mission Viejo, and Mission Hospital in Laguna Beach and/or grocery stores located in Laguna Niguel.** This program provides curb-to-curb service on demand from 9:00am-4:00pm, Monday through Friday, excluding holidays listed below.

Funding

Orange County Transportation Authority (OCTA) from Measure M2, Orange County's half-cent sales tax for transportation improvements, including Project U which provides funding for senior/disabled programs including the SMP. One percent of net sales tax revenue is allocated to participating cities, including Laguna Niguel, based upon the percentage of the senior population of the city as determined by the most current decennial Census information.

Eligibility

This program is open to Laguna Niguel residents, ages 60 and older

Application Process

1. Fill out the attached application **and** waiver form
2. Provide proof of residency, by either showing your Driver's License or a utility bill (scanned copy is fine)
3. Submit your application to Sea Country Senior & Community Center (24602 Aliso Creek Rd. LN, CA 92677)
4. Sea Country Senior & Community Staff will review your application:
 - A. If approved, you will be mailed or e-mailed directions for scheduling your upcoming trips
 - B. If denied, you will be mailed or e-mailed an explanation for reasons you didn't meet eligibility

Holiday Schedule

Please keep for your records. Transportation will not

be provided on the following days:

- New Year's Day (Friday, January 1, 2021)
- MLK Jr. Day (Monday, January 18, 2021)
- President's Day (Monday, February 15, 2021)
- Memorial Day (Monday, May 31, 2021)
- Independence Day (Monday, July 5, 2021)
- Labor Day (Monday, September 6, 2021)
- Veteran's Day (Thursday, November 11, 2021)
- Thanksgiving Day (Thursday, November 25, 2021)
- Family Day (Friday, November 26, 2021)
- Day Before Christmas Eve (Thursday, December 23, 2021)
- Christmas Eve (Friday, December 24, 2021)
- Christmas Day (Monday, December 27, 2021)
- New Year's Eve (Thursday, December 30, 2021)



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APPLICATION FORM

- Please write legibly; fill in all required spaces
- Mail or bring your application form to: Sea Country Center, 24602 Aliso Creek Rd. LN CA 92677

HOUSEHOLD INFORMATION

Name: _____ Male Female
E-mail Address: _____
Home Phone: (____) _____ Cellphone: (____) _____

ELIGIBILITY QUESTIONNAIRE

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

EMERGENCY INFORMATION

Name: _____ Relationship: _____
Phone Number: _____ E-mail: _____

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. I have read and understand this release from liability. My signature verifies all information in this application to be true. I understand that there is a \$2.50 one-way trip charge per ride, and that transportation bookings made in excess, more than 16 one-way trips a month, of the program parameters will be the responsibility of the client at the market, meter-rate.

Signature _____ Date _____