ABOUT THE PROGRAM

It is important for seniors to stay mobile. Mobility can provide seniors with a means to remain engaged in their communities, countering the isolation that often comes with aging.

The Commission on Aging developed this program to supplement other national and county programs available to Concord seniors. For example, AARP Driver courses, County Connection routes, Monument Shuttle fixed routes and CC LINK for paratransit services.

This door to door option, allows seniors to get taxi service at an affordable rate. Concord residents that are 65+ can purchase a taxi scrip book for \$15, worth \$30 in rides.



CONTACT US

THANK YOU to our partners!

- De Soto Cab of Concord
- Yellow Cab of Concord

For more about the program:

Commission on Aging

1950 Parkside Dr. Concord, CA 94519

Contact: Avis Connolly Phone: 925-671-3419

Email:

Avis. Connolly@cityofconcord.org

"I use the scrips to get to all my appointments. It is very helpful to not have to always rely on others."



2727 Parkside Circle Concord, CA 94519

Phone: 925-671-3320 Fax: 925-671-3392

Email: concordsc@cityofconcord.org







SENIOR CENTER

Parks Make Life Better



SERVICE AREA & HOURS

HOURS: 24 Hours, 7 Days/Week

SERVICE AREA: Clayton, Concord, Martinez, Pleasant Hill, Walnut

Creek



ELIGIBILITY

- CONCORD RESIDENTS ONLY
- 65+ years
- Mobility device must be folded for transport in trunk of taxi
- Complete and submit Get
 Around Taxi Program
 application. (Photo ID is required for validation of birthday and residency.)

HOW TO SIGN UP

- •<u>Fill out application.</u> Available at reception desk. Return with photo ID that shows residency and age.
- Once approved, purchase book(s).(MAX 2 books/month)
- •Each book is \$15 for \$30 of taxi scrips. (Book includes 4-\$5 tickets and 10-\$1 tickets.)
- USE the phone# on books to schedule a ride. "I am YOUR NAME, and I am a Get Around Taxi Rider".
- •You will need to tell dispatcher:
- **♦** Date and Time
- ♦ Phone
- ◆Location (Walnut Creek Kaiser@ turn around by Newell St.)
- ◆Special Instructions (ex. Gate codes or other.)
- ◆If you have a foldable wheel chair or walker. (Goes in trunk)
- ◆If you have a service animal or pet. (Read policy info on the right.)
- •Use Scrip to pay fare displayed on the meter.

(Scrips cannot be used for tips. Scrips available as long as funds are available.)

RULES AND POLICIES

CANCELLATIONS

Cancellations must be given no less than 1 hour prior to designated pick up time. \$15 cancellation fee will be applied if not made in time. Please make every effort to cancel earlier if possible.

ATTENDANTS & COMPANIONS

Fares are charged by the trip, not by number of persons. Please know that taxi capacity is limited to the number of persons wh ocan be safely transported while wearing a seat belt.

PETS & SERVICE ANIMALS

Service animals and well behaved pets are allowed to travel with person for free. They must be under your direct physical control at all times. (Cages/ Carriers recommended for small pets.) Driver has right to refuse transport of pet, so please disclose to your taxi dispatcher any intent to travel with service animal or pet, so they may assign a driver who is okay with it.

TRANSPORTING PACKAGES

Space in the taxi is limited. Drivers will assist with loading and unloading of packages, but not responsible for transport to door or drop off.

REPORTING ISSUES

Issues about taxi service should go to the taxi company used when issue came up. Feel free to submit suggestions or feedback to Commission on Aging representatives. (See back page.)

CITY OF CONCORD

GET AROUND TAXI PROGRAM APPLICATION



Today's Date:	
Name:	
First,	Last
Address:	CONCORD, CA
	Zip Code
Phone: Cell:	Email address:
Age DOB:	
ID verification: California State ID	California Driver's License:
Other ID:	
W	
INFORMATION WILL BE KEPT CONFIDENTIAL A	AND USED FOR GRANT PURPOSES ONLY
ARE YOU A LINK RIDER: YES M	NO DO YOU STILL DRIVE: YES NO
RIDES WILL BE USED FOR: Check all that apply	
GROCERY SHOPPINGMEDIC	AL APPOINTMENTSSENIOR CENTER
PERSONAL CARE (HAIR DRESSER, BARB	ER)RECREATION
OTHER: PLEASE LIST	
Marital Status (Circle one): Married	Widowed Single/Never Married
DO YOU LIVE ALONE? Yes No	120
HOUSEHOLD INCOME: Circle one	
Single	Married
Less than \$958 per month \$959 - \$1196 per month	Less than \$1293 per month
\$1197 - \$1292 per month	\$1294 - \$1616 per month \$1617 - \$1744 per month
\$1293 - \$1436 per month	\$1745 - \$1938 per month
\$1437 - \$2075 per month	\$1939 - \$2770 per month
Greater than \$2075 per month	Greater than \$2779 per month
Greater than 42075 per month	ereater than 92775 per month

CITY OF CONCORD

GET AROUND TAXI PROGRAM APPLICATION

CERTIFICATION:

I hereby certify that the enclosed information is true and correct to the best of my knowledge. I acknowledge and understand that the information provided here will be relied upon for purposes determining my eligibility to receive Get Around Taxi Program from the City of Concord's Parks & Recreation Department.

WAIVER:

I, the undersigned, wish to participate in one or more activities (hereinafter collectively referred to as "the Activity") conducted in collaboration with the City of Concord's Parks & Recreation Department. I am aware that serious accidents and injuries occasionally occur during recreational pursuits such as the Activity. In consideration of my participation in the Activity, I knowingly and voluntarily assume all risk arising therefrom, and on behalf of myself, my heirs and assignees release the City of Concord, its officers, agents, employees and volunteers from any and all claims, liens, damages, lawsuits, or liability for property damage, injury or death, resulting from, arising out of, or in any way connected with my participation in the Activity.

I agree and acknowledge that this Waiver Release From Liability/Assumption of Risk shall apply even in the event that I suffer death, personal injury or property damage as the result of passive or active negligence on the part of the City of Concord, its officers, agents, employees or volunteers of the City (with the exception of sole, active negligence, or willful misconduct). In the event that the individual participating in the Activity is a minor, I certify that I am his/her parent or legal guardian and I give my permission for him/her to participate in the Activity. I understand my signature is a legal and binding signature and will be considered original if received by fax.

Print Name	Signature of Participant	—
Date Signed	Verified by	
For Office Use Only:		
Input by : Date:		