

1. RETURN - REQUIRED



7101 WYOMING STREET, WESTMINSTER, CA 92683

SENIOR MOBILITY PHONE #: (714) 702-1586

SENIOR MOBILITY EMAIL (: a.ocmmp@abrazarinc.com) FAX: (714) 893-4819

ABRAZAR SENIOR MOBILITY APPLICATION AND WAIVER

PLEASE SIGN AND DATE ALL FORMS PRIOR TO SUBMITTING. INCOMPLETE APPLICATIONS WILL BE RETURNED.

Last Name: _____ First Name: _____ Date: _____

Date of Birth: _____ Age (60): _____ Male: _____ Female: _____

Address: _____ Apartment/Unit #: _____

City: _____ Zip Code: _____

Home Phone: () _____ Cell (2nd Phone #): () _____

1. Have you ever applied for OCTA ACCESS? ☐ Yes ☐ No
If yes, were you issued an ID #, if Yes please list? ☐ Yes ☐ No
If yes, are you able to utilize **OCTA ACCESS**? ☐ Yes ☐ No

2. Do you have any physical or functional limitations? ☐ Yes ☐ No
If yes, please describe: _____

3. Do you require a mobility device or special equipment for transport?
Please check all that apply: ☐ Yes ☐ No
Cane__Walker__Wheelchair__Scooter__Oxygen__Other (Service Animal, etc.)____
If yes, are you able to enter/exit the vehicle without your mobility device?
_____ ☐ Yes ☐ No

Are you able to transfer from a wheelchair to seat with/without assistance?

_____ ☐ Yes ☐ No

4. Will a personal care attendant or assistant be traveling with you? ☐ Yes ☐ No

5. Do you require door-to-door assistance? ☐ Yes ☐ No
If yes, please describe reasons why: _____

2. RETURN - REQUIRED

6. Please list your primary doctor(s) Name: _____
Doctor Phone: (____) _____ Note: _____
7. How often do you anticipate needing to use the transportation service?
Daily _____ Weekly _____ Monthly _____ Other (note) _____
8. EMERGENCY CONTACT (1): _____ RELATIONSHIP: _____
PHONE: (____) _____
- EMERGENCY CONTACT (2): _____ RELATIONSHIP: _____
PHONE: (____) _____
9. How do you get to your medical appointments now? _____

10. Do you own a vehicle and are you able to drive? _____ ☐ Yes ☐ No

The following information is gathered for statistical data only and does not affect your eligibility:

How did you hear about the program? _____

Ethnic background: ☐ Asian ☐ Black ☐ Hispanic ☐ White ☐ Native American
☐ Other _____

Annual Income per individual (MANDATORY): _____

☐ Financial Hardship Waiver Requested

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

Applicant signature

Date

PROGRAM USE ONLY

- Referrals to alternative transportation provided: _____
- Exceptions (temporary, unrestrictive etc.): _____
- Reason referred to OoA I&A: _____
- Need for follow-up contact: _____
- Annual Income: ☐ At or below 150% FPG ☐ Above 150% FPG ☐ Financial Hardship Waiver

3. RETURN - REQUIRED



7101 WYOMING STREET, WESTMINSTER, CA 92683

SENIOR MOBILITY PHONE #: (714) 702-1586

SENIOR MOBILITY EMAIL (: a.ocmmp@abrazarinc.com) FAX: (714) 893-4819.

ABRAZAR SNEMT PROGRAM WAIVER

PLEASE SIGN AND DATE ALL FORMS PRIOR TO SUBMITTING.

INCOMPLETE APPLICATIONS WILL BE RETURNED.

I hereby acknowledge that the transportation is a service provided by ABRAZAR and funded by the County of Orange, OCTA. I hereby waive the right to make any claims against ABRAZAR and the County of Orange, or 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 in the SENIOR MOBILITY Program. I also acknowledge that ABRAZAR reserves the right to refuse transportation service.

PLEASE PRINT:

Name: _____ Date: _____

Client signature: _____

Caregiver signature (if applicable): _____

Please return these forms to the Transportation Coordinator Department. Signed and Completed Enrollment Packages can be returned as follows:

1. You can mail or drop off your application in the enclosed envelope.
2. You can also fax them in to (714) 893-4819
3. Scan and email a signed enrollment package to a.ocmmp@abrazarinc.com
4. Enrollment assistance can be provided by phone.

Services can be scheduled after all forms have been **submitted and approved and you have received your ID#.**

Confirmation of approval will be made by phone within five business days after receipt of completed forms and you will be provided with your ID#.