



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 transportation. Our program provides the following transportation options:

- Shuttle and van service for in-town groceries, shopping and errands.
- 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.
- Taxi Scrip is 60% off the actual value!! A twenty dollar booklet is only \$8.00. Limit 4 booklets per month. The taxi meter rate is not discounted.

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

- ✓ Round trip fare is \$5.00 for shuttle and van service and is payable upon reservation.
- ✓ Reserve your transportation 24 hours in advance.
- ✓ Round trip fare is \$6.00 for rides with Volunteer Drivers for a round trip distance less than 20 miles; and \$12 for 20 or more miles.
- ✓ To request a **Volunteer Driver**, please reserve at least 1 week in advance in order to allow time to find a volunteer driver. Payment is due when driver accepts your request for a ride.
- ✓ Van service with a wait time more than 45 minutes will be reserved as a one way trip and the fare is \$3 each way. Payment is due at the time of reservation.
- ✓ Please cancel your rides no later than 8am the day of your reservation. Repeat cancellations may result in denial of service.

Please submit your application to: Out and About Vista, 1400 Vale Terrace Drive, Vista, CA, 92084; fax (760) 643-2827; or email your application to ostaff@cityofvista.com.

Gloria McClellan Adult Activity and Resource Center
1400 Vale Terrace Drive • Vista, CA • 92084
760.643.5288 • cityofvista.com



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 _____

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 _____

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 _____