REGISTRATION
LAMORINDA SPIRIT

The Lamorinda Spirit Van Program uses paratransit wheelchair accessible vehicles and serves older adults, age 60 and up, who live in Lafayette, Moraga, and Orinda.

First Name: _____ Last Name: _____

Address: _____
*To help us provide the best service, are there any access challenges at your home (e.g., steep driveway, narrow road, stairs, or other obstacles) that could affect van access? Please describe:
_____

Phone Number: _____Cell Number: _____

Age: _____Date of Birth: _____Email address: _____

Are you disabled? _____Nature of disability/health issue: _____

Must use: _____Motorized Scooter/Wheelchair ____Wheelchair ____Walker _____Cane
(Check all that apply.)

I need a lift to get onto the vehicle. _____Yes _____No (Check one.)

I can go to my destinations independently. _____Yes _____No (Check one.)

I will have a caregiver with me. _____Yes _____No (Check one.)

I need to use the Senior Van Service because (Check all that apply):
_____ I do not drive. _____ I am unable to use public transportation.

EMERGENCY CONTACT

Name:_____
_
Relationship: _____

Phone & Cell Phone Numbers: (___)_____(___)_____

Address: _____
Including city and state

I understand that in an emergency, Staff will contact 911. I understand that there is a charge for the van ride.

Signature: _____ Date: _____

Return to: Lamorinda Senior Transportation Program, Lafayette Senior Services
500 Saint Mary's Road, Lafayette, CA 94549
(925) 283-3534 Dispatch@lovelafayette.org

Revised 3/25 **Date Received:** _____

How did you hear about us? _____

Newsletters are typically sent via email in Spring, Summer, November, and December. Please check the box if you would like to receive a hard copy by mail. ☐

To meet the requirements for a new grant, the CDBG Grant, we need to inquire about your ethnicity.

The categories below fit HUD requirements for the CDBG Grant. If you identify as Hispanic, that is indicated in the far-right column in the row that best describes your race. If you only identify as Hispanic, please use Row #10 and also place a checkmark for "Balance/Other."

RACE CATEGORIES			EHNICITY
	Race	Check Only One Race Category	Check if also Hispanic
1	American Indian or Alaska Native		
2	Asian		
3	Black or African American		
4	Native Hawaiian or Other Pacific Islander		
5	White		
6	American Indian or Alaska Native and White		
7	Asian and White		
8	Black or African American and White		
9	American Indian or Alaska Native and Black or African American		
10	Balance/Other		

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