MODE Membership Application

Thank you for your interest in the MODE Program. Please read before beginning this application. There is no fee for MODE membership (for eligible Santa Monica residents only). Please note that the driver may arrive 15 minutes prior to or 15 minutes after the reserved pick-up or return time.

Required Documents: A valid picture ID and proof of Santa Monica residency is required. Acceptable proofs of residency are utility bills (gas, electric, water, trash), a copy of your lease agreement, or a property tax bill. Telephone or cable bills are not accepted. All statements must have a current, permanent address. Please do not submit bank or financial information.

Optional Documents: Proof of disability is required for applicants aged 18 - 64. Acceptable proofs of disability are TAP card for Persons with Disabilities (LACTOA card), Access Services ID card, Medicare ID card, Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI) letter or benefit check, and Disabled Veterans ID card.

Proof of income is required to qualify for the Low-Income Fare. Acceptable proofs of income are LIFE Program, Cal Fresh, EBT card, federal tax return, Medi-Cal card, proof of Lifeline, recent pay stub, SNAP, and W-2.

Membership application with required documents must be submitted in person at Blue: The Transit Store, 1444 4th Street, Santa Monica, CA 90401.

1. I live in Santa Monica.
   ☐ Yes ☐ No
2. First Name (must match legal ID) _____
3. Middle Initial _____
4. Last Name _____

Please enter your date of birth. (To participate in MODE, you must be 65+ or 18+ with a disability.)

5. Date of Birth (MM/DD/YYYY) _____
6. Home Phone _____ 7. Cell Phone _____

8. Email _____@_____

9. Street Address (P.O. Boxes not accepted) _____

10. Apartment or Unit #, if applicable _____

11. City _____ 12. State _____ 13. Zip _____

Emergency Contact Information:

14. Emergency Contact Name_____

15. Emergency Contact Cell Phone (i.e., 310-394-9871)_____

16. Emergency Contact Relationship

- ☐ Spouse/Partner
- ☐ Son/Daughter
- ☐ Caregiver
- ☐ Friend
- ☐ Other Relative
- ☐ Other_____

Caregiver Information:

17. Caregiver Name_____

18. Caregiver Cell Phone (i.e. 310-394-9871) _____

19. Caregiver Street Address_____
(P.O. Boxes not accepted)

20. Apartment or Unit #, if applicable _____

21. City _____ 22. State _____ 23. Zip _____

Member Information:

24. Gender

- ☐ Male
- ☐ Female
- ☐ Transgender
- ☐ Non Binary
- ☐ Refuse to State

25. Veteran

- ☐ Yes
- ☐ No

26. Disability

☐ No ☐ Yes

27. I was referred by:

☐ I was not referred
☐ AARP
☐ Access
☐ Adult Protective Services
☐ Alzeimer's Los Angeles
☐ Big Blue Bus
☐ City of Santa Monica
☐ Community Corporation of Santa Monica
☐ Jewish Family Services
☐ Los Angeles Housing Authority
☐ Meals on Wheels
☐ Museum of African American Art (MAAA)
☐ Providence St. John's Hospital
☐ St. Joseph's Center
☐ Santa Monica Emeritus College
☐ Santa Monica Housing Authority
☐ UCLA
☐ Veteran's Administration
☐ WISE & Healthy Aging
☐ Other_____

28. Race/Ethnicity

☐ African American or Black
☐ Asian
☐ Pacific Islander
☐ Hispanic/Latino
☐ Caucasian or White
☐ Multiple Races (2 or more races)
☐ Prefer Not to State

29. Primary Language

☐ English
☐ Spanish
☐ Chinese (Cantonese or Mandarin)
☐ Japanese
☐ Farsi
☐ Korean
☐ Russian
☐ Vietnamese
☐ Tagalog
☐ Other _____

30. Language(s) you speak fluently (Check all that apply)

☐ English
☐ Spanish
☐ Chinese (Cantonese or Mandarin)
☐ Japanese
☐ Farsi
☐ Korean
☐ Russian
☐ Vietnamese
☐ Tagalog
☐ Other _____

31. Annual income (ranges are for a single person):

NOTE: **Applicants must provide proof of income to qualify for Low-Income Fare**.

- ☐ Greater than $70,650
- ☐ Low ($44,151 - $70,650)
- ☐ Very Low ($26,501 - $44,150)
- ☐ Extremely Low ($0 - $26,500)
- ☐ Decline to State

32. Marital Status

- ☐ Married
- ☐ Divorced
- ☐ Single
- ☐ Widowed
- ☐ Partnered

33. I have been fully vaccinated for COVID-19?

- ☐ Yes
- ☐ No

34. Do you belong to any of the following? (Check all that apply)

- ☐ Volunteer Ambassador
- ☐ Peer Counselor
- ☐ WISE Minds
- ☐ Club WISE Instructor
- ☐ WISE Board of Directors
- ☐ Intergenerational Tutor
- ☐ Entertainment Industry Emp
- ☐ UCLA Emeriti/Retiree Relations Center
- ☐ Museum of African American Art (MAAA)
- ☐ None of the Above

35. I have a computer or tablet with access to the internet.

- ☐ Yes
- ☐ No

36. I have a cell phone with access to the internet.

- ☐ Yes
- ☐ No

37. I am interested in the following volunteer opportunities (Check all that apply):

- ☐ Administration (WISE Ambassador)
- ☐ Instructor/Speaker
- ☐ Travel Buddy
- ☐ Intergenerational Tutor
- ☐ Peer Counselor
- ☐ Peer Navigator (Information & Referral)
- ☐ Meal Service (in WISE Diner)
- ☐ Not interested in volunteering at this time

38. How did you hear about our programs?

- ☐ Family/Friend
- ☐ Newspaper
- ☐ Presentation
- ☐ Internet
- ☐ Walk-In
- ☐ Other_____

MODE Acknowledgment Statement

39. I acknowledge that I have been given and agree to the rules and regulations of the services provided by Big Blue Bus, Lyft, and the City of Santa Monica, and that the information provided on this application is correct and truthful.

- ☐ Yes
- ☐ No

40. I acknowledge receipt of the Code of Conduct, Consequences of Inappropriate Behavior, Grievance Procedure for Club Members, and the Photo & Filming Release, and the Release of Liability Statement.

- ☐ Yes
- ☐ No

41. Would you like to use the Lyft app for MODE?

- ☐ Yes
- ☐ No

42. If so, what cell phone number would you like to use? _____

43. Number of people in your household (if you live alone, enter 1): _____

44. Total monthly (not annual) income: _____

45. Do you receive SSI?

- ☐ Yes
- ☐ No

46. Can you walk without assistance (e.g. ambulatory)?

- ☐ Yes
- ☐ No

47. Do you require an attendant/escort?

☐ Yes ☐ No

Thank you for applying to Big Blue Bus's MODE Program. For questions, please contact 310.451.5444.

For Office Use

Date Received: _____ Processed by initials: _____