

# Washoe Senior Ride Application

Washoe Senior Ride is a subsidized transportation program of the Regional Transportation Commission  
Funded by Washoe County Sales Tax. This program and the subsidy are subject to termination at any  
time.

## TO QUALIFY YOU MUST MEET ONE OF THE FOLLOWING CRITERIA:

1. A resident of Reno or Sparks, Nevada, proof of residency is required.
2. 60 years of age, a Veteran of any age (you must provide your current Veteran ID), or an ACCESS client of any age.
3. Provide a copy of a valid Nevada ID issued by the Nevada Department of Motor Vehicles that displays a Reno or Sparks, Nevada address.

Date of Application: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address (If Different): \_\_\_\_\_

Current RTC ACCESS Client: Yes \_\_\_ No \_\_\_ Use RTC RIDE Transit Buses: Yes \_\_\_ No \_\_\_

Veteran: Yes \_\_\_ No \_\_\_

The following questions are for statistical purposes only. You are not required to answer them to qualify for the program.

## Mark appropriate category for each question:

### Annual Household Income:

\_\_\_ \$0 - \$9,999    \_\_\_ \$10,000 - \$19,999    \_\_\_ \$20,000 - \$29,999  
\_\_\_ \$30,000 - \$39,999    \_\_\_ \$40,000 - \$49,999    \_\_\_ \$50,000 - \$59,999  
\_\_\_ \$60,000 - \$69,999    \_\_\_ \$70,000 - \$79,999    \_\_\_ \$80,000 - \$89,999  
\_\_\_ \$90,000 - \$99,999    \_\_\_ \$100,000 +

### Ethnicity:

\_\_\_ African American    \_\_\_ Hispanic / Latinx    \_\_\_ American Indian/Alaskan Native  
\_\_\_ Asian/Pacific    \_\_\_ White

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## FOR OFFICIAL USE ONLY

WASHOE SENIOR RIDE CLIENT # \_\_\_\_\_ DATE: \_\_\_\_\_ INITIALS: \_\_\_\_\_

## Applicant Agreement

I acknowledge that being driven by others is an inherently dangerous activity and that participation in these program could involve some danger to my person or property, or the person or property of others.

I understand and acknowledge that the participating cab companies and the drivers, dispatchers and other employees of participating cab companies, are not employees or agents of the Regional Transportation Commission of Washoe County ("RTC"). RTC only subsidizes rides and otherwise administers the program. In consideration of my participation in the program, I agree to hold harmless and fully indemnify RTC, its officers, directors, agents, employees, and volunteers, as well as any and all organizations, agencies, or individuals who provide funding to or otherwise support the program, from and against any and all claims, proceedings, actions, liability and damages (including attorney's fees and costs) due to property damage or injury or death to myself or others arising out of or in any way connected to my participation in the program, including, but not limited to, my failure to equip or maintain the safety of the adaptive equipment or service animal that I require for mobility.

I certify that the information provided in this application is true and correct. I understand that the information I am providing will be treated as confidential, will only be utilized to determine my initial and continuing eligibility for the program, and will be retained as a permanent part of my file. I hereby authorize the release of verification information and any additional information to RTC for the purpose of evaluating my eligibility to participate in the Washoe Senior Ride Program.

I agree to abide by all RTC policies, as communicated to me, including policies in program guidelines, and I acknowledge that my failure to abide by any program policy may result in the termination of participation. I understand that it is the policy of RTC to pursue any alleged or suspected instances of fraud. A "fraudulent claim" is committed when a false representation of a present or past fact is made by the applicant, a member of his/her family, or an unrelated person such as his/her caregiver or volunteer driver, which results in the release of funds.

**I understand that continuation of the program is contingent upon funding.**

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature

I understand that RTC may at times revise the policies and forms used for this program, and I agree to abide by the most recent versions of all documents.

Complete the following if another person filled out the application for the applicant:

Name \_\_\_\_\_

Daytime Phone (\_\_\_\_\_) \_\_\_\_\_

Street Address \_\_\_\_\_

Signature \_\_\_\_\_