

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 be a resident of Reno or Sparks. You will need to provide a valid Nevada ID issued by the Nevada Department of Motor Vehicles that shows a Reno or Sparks address, and meet at least one of the following criteria:

- 60 years of age or older
- A veteran of any age (provide current Veteran picture ID)
- An ACCESS client of any age

Please Note: This program cannot be used together with the RTC Washoe-Uber Rides or RTC Washoe-Lyft Rides voucher programs. After one year with your initial choice, you may switch to Lyft or Uber program by submitting a new application.

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: _____

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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 _____