

AUTHORIZED PERSONNEL USE ONLY	
USER ID#	_____
DATE ENTERED	_____
VENDOR	Initials _____

APPENDIX C
REGIONAL TRANSIT PROGRAM
Measure C Senior Scrip Program for Seniors 70 years of age and older

APPLICATION FOR SCRIP

As a potential user of the Measure C Senior Scrip Program, you have received this packet of materials to explain the program and this application to participate in the program. The Measure C Senior Scrip Program began in 2008 to provide transportation for seniors living in Fresno County. The Senior Scrip Program is operated by the Fresno Council of Governments (Fresno COG) and funded with local transportation funds made available through the extension of Measure C. Eligible Fresno County residents may use approved local taxi service providers and Lyft/Uber, at a 75% discount, to travel anywhere their service is available. The ride services are available seven days a week, 24 hours a day.

To be eligible for the program, the senior must be 70 years of age or older and a resident of Fresno County. **When applying, seniors are required to provide proof of age and residency, such as a copy of a California driver's license, California Identification Card or other combination of documents that prove both age and residency.** Other forms of proof of eligibility may include a photo identification from another state with the date-of-birth printed on it (to prove age). If the ID does not have the current address, as entered below, then also submit a document or bill that shows the current address.

You can submit the application and proof of age and residency at the Fresno COG office or at one of our distribution locations listed on page 4 of the Frequently Asked Questions that is included as part of this application packet. For more information, please call Fresno COG at 559-233-4148 or visit us on the web at www.fresnocog.org.

To mail this application along with your proof of age and residency and a completed scrip order form, send to: **Fresno COG, 2035 Tulare Street, Suite 201, Fresno, CA 93721**

APPLICATION FORM

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Date of Birth: _____

Email: (Optional) _____

I am 70 or older and proof of Age and Residency is attached

Signature: _____ Date: _____

How did you hear about this program? _____