

Guaranteed Ride Program

A program of Outreach & Escort Inc.

Please return this application to:
Outreach and Escort, Inc.
926 Rock Ave., Suite 10
San Jose, CA 95131
Phone: (408) 436-2865
Fax: (408) 382-0470

APPLICATION

IMPORTANT: An incomplete application may be returned causing a delay in your enrollment. Please provide a reliable mailing address where we can send your ID card and other program information.

Name (Last, First)		Last Four Digits of Your SSN
Address		Apt or Space #
City		Zip Code
Telephone	Home Phone	Cell Phone
Birthdate	<input type="checkbox"/> Male <input type="checkbox"/> Female	

EMERGENCY CONTACT

Contact's Name		Relationship
Work Phone	Home Phone	Cell Phone

EMPLOYED If you are currently employed, please complete the following:

Employer		
Address		
City		Zip Code
Work Phone	Work Days	Work Hours

EMPLOYMENT READINESS ACTIVITY If you are currently attending an Employment Readiness Activity (Job Club, training program, school, etc.), please complete the following:

Name of Program or School		
Address		
City		Zip Code
Phone	Days	Hours

I have children (13 years or younger) who may ride with me on this service. See page 2.

I certify that the above information is true and accurate to the best of my knowledge and agree to provide documentation of my eligibility to OUTREACH, if requested. I understand that my benefits under this program are subject to the availability of program funds.

SIGNATURE _____ DATE _____

ELIGIBILITY CONFIRMATION

Referred by: _____ ID # _____ CalWORKS
 Eligibility confirmed by EBS _____ Income eligible

DEPENDENT CHILDREN

Please list the name and age of your dependent children 13 years or younger.

NOTE: California State law requires children under the age of 6 or weighing less than 60 pounds to be secured in a children's car seat or booster seat. Please check below if your child is under 6 years old or weighs less than 60 pounds. Please bring your own car seat if your child will be riding with you.

Dependents. If you are currently employed, please complete the following:

#1 Child's Name:		
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Age: <input type="checkbox"/> Weighs less than 60 pounds

#2 Child's Name:		
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Age: <input type="checkbox"/> Weighs less than 60 pounds

#3 Child's Name:		
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Age: <input type="checkbox"/> Weighs less than 60 pounds

#4 Child's Name:		
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Age: <input type="checkbox"/> Weighs less than 60 pounds

TRANSPORTATION SURVEY (Optional. Your responses will help us improve our program.)

My usual method of transportation is (Please check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Public transit (Bus & Light Rail) | <input type="checkbox"/> Friends or family members usually drive me. |
| <input type="checkbox"/> I drive my own car. | <input type="checkbox"/> Carpool or share a ride. |
| <input type="checkbox"/> Walk. | <input type="checkbox"/> Bike |

I am applying for Guaranteed Ride Program benefits/services because (Please check all that apply):

- My car needs repairs or is not available for me to use.
- I can't get to where I want to go on public transit.
- My friends or family members cannot drive me.
- I need help dropping off my children at school or daycare on my way to work/training/etc.
- I can't afford gas for my car.
- OTHER _____