



RYDE REGISTRATION

PRIMARY RESIDENCE

Address:		
City:	State:	Zip:

PROFILE INFORMATION

First Name:	MI:	Last Name:
Other Names Known As:		Date of Birth:
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender Woman <input type="checkbox"/> Transgender Man <input type="checkbox"/> Other		
Home Phone:		Cell Phone:
Email:		
Disability: <input type="checkbox"/> Cognitive <input type="checkbox"/> Mental <input type="checkbox"/> Physical <input type="checkbox"/> None		
Mobility Aids: <input type="checkbox"/> Walker <input type="checkbox"/> Cane <input type="checkbox"/> Oxygen tank <input type="checkbox"/> Service animal <input type="checkbox"/> Therapy animal		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Widowed		
Race: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Decline <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown		
Asian: <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian:		
Are you of Hispanic Origin: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Declined		
Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other:		
English Fluency: <input type="checkbox"/> Fluent <input type="checkbox"/> Semi-Fluent <input type="checkbox"/> Not Fluent		
Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Number of People In Household:		Annual Income:
Emergency Contact:		Relationship:
Phone Number:		Email:

Waiver of Liability - Hold Harmless Agreement

RYDE and its partners (West Valley Community Services (WVCS), Saratoga Area Senior Coordinating Council (SASCC), The City of Morgan Hill, and the County of Santa Clara) are committed to treating you with dignity and respect. It is our goal to provide equal treatment to all seeking our services. We ask that you treat our staff and volunteers in the same manner. We reserve the right to refuse service to anyone unable to comply. Please read and sign the following:

RYDE may ask for verification of the information I provide and that this information will allow the program staff to assist me in an effective way. I understand that if I am unwilling to provide the necessary paperwork and/or am unable to verify my need, RYDE may not be able to provide me with assistance.

All information I provide is true and accurate.



All information between RYDE and me is held strictly confidential unless:

1. I authorize a release of information with a signature;
2. RYDE is ordered by court to release information;
3. I present a danger to myself or others;
4. Child & adult abuse/neglect are suspected;

In the latter two cases, RYDE staff is required by law to inform potential victims and legal authorities so that protective measures can be taken.

In consideration for receiving services provided by RYDE including, but not limited to access to the WVCS Food Pantry, I hereby release, waive, discharge and covenant not to sue RYDE its officers, servants, agents and employees (hereinafter referred to as "releases") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or relating to any loss, damage or injury, including death, that may be sustained by me, or to any property belonging to me, whether caused by the negligence of the releases, any third party, or otherwise.

I hereby acknowledge that RYDE is a service provided by SASCC, WVCS, the City of Morgan Hill, and the County of Santa Clara. I hereby waive the right to make any claims against Santa Clara County, WVCS, SASCC, and/or the City of Morgan Hill, or their official, employees, and volunteers for any injuries, damages, charges or expenses, including attorney's fees which might be sustained as a result of my participation in this program. I also acknowledge that RYDE reserve the right to refuse transportation service.

I am fully aware of risks and hazards connected with being on the premises and receiving services, including food from the WVCS Food Pantry and/or RYDE, and I am fully aware that there may be risks and hazards unknown to me connected with being on the premises and receiving services, and I hereby elect to voluntarily participate in receiving services provided by RYDE and its officers, servants, agents and employees, to enter upon the above named premises and engage in activities knowing that conditions may be hazardous, or may become hazardous or dangerous to me and my property. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that may be sustained by me, or any loss or damage to property owned by me, as a result of receiving services from RYDE whether caused by the negligence of releases or otherwise.

I agree and acknowledge that (i) intend these consequences even as to claims for damages that may exist as of the date of this release but which I do not know exist, and which, if known, would materially affect my decision to execute this release, regardless of my lack of knowledge is the result of ignorance, oversight, error, negligence or any other cause, and (ii) this release is a material term and condition precedent for my services with SASCC, WVCS, the City of Morgan Hill, or the County of Santa Clara.

I further hereby agree to indemnify and save and hold harmless the releases and each of them, from any loss, liability, damage or costs they may incur, whether caused by the negligence of any or all of the releases, or otherwise.



I authorize RYDE to use and disclose my protected “passenger information” to County for the purposes of program oversight. “Passenger information” shall be defined as follows: income verification; customer feedback forms; trip information, including pickup and destination information; and all other information gathered within the scope of RYDE.

I hereby grant the West Valley Community Services (WVCS) Saratoga Area Senior Coordinating Council (SASCC), the City of Morgan Hill, and the County of Santa Clara permission to use my likeness in a photograph, video, or other digital media (“photo”) in any and all of its publications, including web-based publications, without payment or other consideration. I understand and agree that all photos will become the property of WVCS, SASCC, the City of Morgan Hill, or the County of Santa Clara and will not be returned.

I hereby irrevocably authorize WVCS, SASCC, the City of Morgan Hill, or the County of Santa Clara to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.

It is my express intent that this Release shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a Release, Waiver, Discharge and Covenant Not to Sue the above named releases.

In signing this release, I acknowledge and represent that:

1. I have read the foregoing release, understand it, and sign it voluntarily as my own free act and deed;
2. No oral representation, statements or inducements, apart from the foregoing written agreement, have been made;
3. I am at least eighteen (18) years of age and fully competent; and
4. I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

Print Name: _____ Signature: _____ Date: _____

Authorized Persons

Name & Relation	Phone Number	Email
1.		
2.		
3.		
4.		



Household Income Verification Form

Client Information

Client Name

Phone #:

Household Income Sources

Please read all instructions on this form prior to filling it out.

If the client is a dependent, please list the income source and amounts of income for all family members in household (including the client). If a family member does not contribute to the household income, please indicate zero in the amount field.

Household		Amount	Frequency	
Name	Relationship		Monthly	Yearly
	Client			

Include the following types of income, and any others not listed here, to depict the combined income of household.

- Wages
- Pension
- Social Security
- Other Income (Please Explain): _____

Submission Instructions

Please attach supporting documentation for all income sources mentioned above.

Return completed form and supporting income documents to your RYDE coordinator.

If this form is submitted incomplete, it will delay the income document review process.

If the form or attached documentation is unclear your area coordinator will contact you by phone.

I understand that completion of this form does not guarantee financial or other assistance from RYDE. I also understand that this information is subject to verification by WVCS, SASCC, the City of Morgan Hill, or the County of Santa Clara. I understand that the information presented in this letter is true and correct to the best of my knowledge.

Client Signature:

Date:



Please complete pages 1-4 and mail to your area coordinator.

- Complete page 4 and include supporting documents (Social Security letter, pension, bank statements, etc.) if page 4 is not completed you will have the base rate for rides.
- You must provide an Emergency Contact. If none is provided we cannot provide you a ride.
- Once all of the completed forms have been received you will receive a letter stating your rate. Before your first ride you will need to make a deposit.
- When you have completed all of the forms please remove pages 6 & 7 (Grievance Procedure) and keep them in your records.

Sam Piencenaves

RYDE Coordinator – Campbell, Cupertino, San Jose
(zip codes: 95129 and 95130)

10104 Vista Drive, Cupertino, CA 95014

(669) 220-0831

RYDEinfo@wvcommunityservices.org

Joe Maddox

RYDE Coordinator - Saratoga, Los Gatos, Monte
Serenio, San Jose (zip codes: 95120 and 95124)

19655 Allendale Ave, Saratoga, CA 95070

(408) 892-9739

RYDE@sascc.org

Samantha Ho

RYDE Coordinator – San Jose (zip codes: 95118,
95119, 95122, 95123 and 95139)

**County of Santa Clara, 4th Floor, Attn: Senior
Nutrition Program**

353 W. Julian Street, San Jose, CA 95110

(408) 755-7614

RYDE@ssa.sccgov.org

RYDE Coordinator – Morgan Hill

171 W Edmunson Ave, Morgan Hill, CA 95037

(408) 310-4250

RYDE@mhcr.com

Grievance Procedure

A grievance is a dispute of differences of opinion raised by a client, volunteer or employee against SASCC, WVCS, the City of Morgan Hill, and/or County of Santa Clara involving the meaning, interpretation or application of the office/client procedures, volunteer manual, or personnel policy manual. A grievance shall be processed in the following manner:

Step 1: Any client, volunteer, or employee, who has a grievance, shall submit the grievance in writing, designated as a grievance to the appropriate immediate supervisor (Program Director, Recreation Supervisor, or Executive Director). The supervisor shall give a written response within five (5) working days after such presentation.

Step 2: If the grievance is not settled in Step 1 and the client, volunteer or employee wishes to advance the grievance to Step 2 of the grievance procedure, the grievance shall be referred in writing to the Executive Director or Recreation Supervisor within five (5) working days after the written response in Step 1 was received. The written grievance shall contain a complete statement of facts, the situation or issue in dispute, and the relief requested. The Executive Director or Recreation Supervisor shall discuss the grievance within five (5) working days with the client, volunteer or employee with a written answer within (5) working days of the meeting

Step 3: If the grievance is not settled in Step 2 and the client, volunteer or employee wishes to appeal the grievance to Step 3 of the grievance procedure, the grievance shall be referred in writing to the Board Administration Committee of the Board of Directors or Public Services Director within five (5) working days after the Executive Director's answer in Step 2 was received and signed by the client, volunteer or employee. The written grievance shall contain a complete statement of facts, the situation or issue in dispute, and the relief requested. If no settlement is reached, the Board of Administration Committee of the Board of Directors or Public Services Director shall give a written answer to the client, volunteer or employee within five (5) working days following their meeting. All decisions made by the Public Services Director are final.

Step 4 (for WVCS and SASCC only): If the grievance is not settled in Step 3 and the client, volunteer or employee wishes to appeal the grievance to Step 4 of the grievance procedure, the grievance shall be referred in writing to full Board of Directors within five (5) working days after the Board Administration Committee's answer in Step 3 was received and signed by the client, volunteer or employee. The written grievance shall contain a complete statement of facts, the situation or issue in dispute, and the relief requested. If no settlement is reached, the Board of Directors shall give a written answer to the client, volunteer or employee within five (5) working days following their meeting. All decisions made by the Board of Directors are final.