



## City of San Clemente Senior Mobility Program (SMP) Application

The City of San Clemente’s Senior Mobility Program provides free, door-to-door transportation for senior citizens age 60 and older currently residing within the City of San Clemente. Transportation is provided between eligible resident’s homes and selected grocery stores and the Dorothy Visser Senior Center. The City contracts with California Yellow Cab to provide this service.

Please print clearly and complete all fields. Please complete all pages before submitting your application, and then please submit the application as instructed on the last page of this application. Thank you.

**Proof of San Clemente residency and age are required. Incomplete forms will be returned.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt./Unit # \_\_\_\_\_

City: San Clemente Zip Code: \_\_\_\_\_

Primary Phone #: (\_\_\_\_) \_\_\_\_\_ Secondary Phone #: (\_\_\_\_) \_\_\_\_\_

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

**Questionnaire:** (Please answer every question)

1. Are you a San Clemente resident? Yes \_\_\_\_\_ No \_\_\_\_\_  
Please **attach legible copy** of current utility bill or current driver’s license or passport.

2. Are you 60 years of age or older? Yes \_\_\_\_\_ No \_\_\_\_\_  
Please **attach legible copy** of birth certificate or current driver’s license or passport.

3. Male: \_\_\_\_\_ Female: \_\_\_\_\_

4. Do you require a service animal? Yes \_\_\_\_\_ No \_\_\_\_\_ Type of Animal? \_\_\_\_\_

5. Are you able to enter/exit a vehicle without assistance? Yes \_\_\_\_\_ No \_\_\_\_\_

6. Do you require special accommodations for any physical or functional limitations? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

STAFF VERIFIED
_____
_____

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7. Do you require a mobility device or special equipment for transport? Yes \_\_\_\_\_ No \_\_\_\_\_

Please check all that apply: Cane: \_\_\_\_\_ Walker: \_\_\_\_\_ Wheelchair: \_\_\_\_\_ Oxygen: \_\_\_\_\_

Other: \_\_\_\_\_ (Note: we cannot accommodate scooters).

8. Will a personal care attendant (PCA) or assistant be traveling with you? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please designate here (this person will also have to sign the Release of Liability form below):

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

9. Do you require door-to-door assistance? Yes \_\_\_\_\_ No \_\_\_\_\_

10. Emergency Contact Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Emergency contact relationship: \_\_\_\_\_

11. Special Instructions (Gate Code #, etc.) \_\_\_\_\_

**Please complete the Release of Liability on the next page. If applicable, please also have your personal care attendant or assistant fill out and sign their portion of the Release of Liability form.**

**City of San Clemente  
RELEASE OF LIABILITY**

**(Read carefully before signing, and complete ALL blank fields)**

I, \_\_\_\_\_ (PRINT FULL NAME), fully understand that my participation in the Senior Mobility Transportation Program exposes me to the risk of personal injury, death or property damage. I hereby acknowledge that I am voluntarily participating in this program and agree to assume any such risks.

I hereby release, discharge and agree not to sue the City of San Clemente, its officials, employees and volunteers for any injury, death, or damage to or loss of personal property arising out of, or in connection with, my participation in the Senior Mobility Transportation Program from whatever cause, including the active or passive negligence of the City of San Clemente, its officials, employees and volunteers or any other participants in the Senior Mobility Transportation Program. The parties to this agreement understand that this document is not intended to release any party from any act of omission of "gross negligence," as that term is used in applicable case law and/or statutory provision.

In consideration for being permitted to participate in the Senior Mobility Transportation Program, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify, defend, and hold harmless the City of San Clemente, its officials, employees and volunteers from any and all claims, demands, actions, or suits arising out of or in connection with my participation in the Senior Mobility Transportation Program.

This RELEASE shall remain in effect until revoked. A copy of this Release may be used to the same extent as the original.

I HAVE CAREFULLY READ THIS RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF LIABILITY AND SIGN IT ON MY OWN FREE WILL.

My signature verifies all information listed in this application to be true. I understand that the City of San Clemente reserves the right to refuse service to anyone and to change program parameters if needed, including but not limited to days and hours of operation or maximum number of rides allowed.

Applicant Printed Name:

\_\_\_\_\_

PCA or Assistant Name (if applicable):

\_\_\_\_\_

Signature:

\_\_\_\_\_

Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

Date:

\_\_\_\_\_

**Please return Pages 1 through 3 of this application and legible copy of proof of residency and age to:**

**BY E-MAIL:**

[KnechtelJ@san-clemente.org](mailto:KnechtelJ@san-clemente.org)

**BY MAIL:**

J.J. Knechtel, Management Analyst  
Public Works Department  
City of San Clemente  
910 Calle Negocio  
San Clemente, CA 92673

**QUESTIONS?**

**Please contact J.J. Knechtel, Management Analyst at (949) 361-6115.**

**THANK YOU FOR YOUR APPLICATION.**

**ONCE YOUR APPLICATION HAS BEEN PROCESSED AND YOUR ENROLLMENT IS COMPLETE, YOU WILL BE CONTACTED BY YELLOW CAB TO GO OVER THEIR SENIOR MOBILITY PROGRAM SERVICES.**