

Measure C Senior Scrip Program for Seniors 70 years of age and older
ADDENDUM TO APPLICATION FOR SCRIP
FOR USE OF LYFT/UBER WITH THE 75% SENIOR SCRIP PROGRAM DISCOUNT

Fill out the information below and return to Fresno COG if you wish to use Lyft or Uber with your discounted Senior Scrip.

- **Please DO NOT fill out this form If you do not wish to use Lyft/Uber!**
- **Your E-Scrip account will be activated with your first purchase of E-Scrip.**

Name: _____	Date: _____
Address: _____	User ID: _____
Cell Phone: _____	Home Phone: _____
I have an email address, it is: _____	
____YES ____NO You may email me with information about my ride and account balance	
____YES ____NO I would like to add an emergency contact to my account. If Yes, the	
name is: _____	
Contact's Relationship: _____	Tel #: _____

To make your Lyft/Uber ride as pleasant as possible, please provide as much information about you and your specific commute needs. *(This information will be added to your profile and will help GoGoGrandparent avoid miscommunications when scheduling your ride.)*

Please check or circle all that apply:

- | | |
|--|--|
| <input type="checkbox"/> I am hard of hearing | <input type="checkbox"/> I cannot get into big cars |
| <input type="checkbox"/> I use a walker | <input type="checkbox"/> I cannot get into small cars |
| <input type="checkbox"/> I use a walking cane | <input type="checkbox"/> I have a portable oxygen tank/ Respirator |
| <input type="checkbox"/> I am visually impaired/ Use a white cane | <input type="checkbox"/> I am verbally impaired |
| <input type="checkbox"/> I have a poor memory | <input type="checkbox"/> I have an oxygen tank |
| <input type="checkbox"/> I need to ride in the front seat due to health reasons | <input type="checkbox"/> I have a service animal |
| <input type="checkbox"/> * I have a wheelchair (I, or with help of my caregiver, can transport myself in and out of the wheelchair.) | |

Presently, there are no Lyft or Uber drivers in the area with vehicles equipped with wheelchair lifts. Therefore, if you need a vehicle with a wheelchair lift, it is recommended that you not use the Lyft/Uber service at this time.

Location and driving instructions you wish to provide to the Lyft/Uber driver:

Apartment # _____ Gated Community Code # _____

Applicant signature: _____

I hereby certify that I am a Fresno County resident who is aged 70 years or older.

Mail completed application to: **Fresno COG**
2035 Tulare Street, Suite 201
Fresno, CA 93721

Ph: (559) 233-4148

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