

APPENDIX C

REGIONAL TRANSIT PROGRAM

Measure C Senior Scrip Program
for Seniors 70 years of age and older

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

APPLICATION FOR THE “MEASURE C SENIOR SCRIP” 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 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 taxi service providers and Lyft/Uber through GoGoGrandparent to travel anywhere their service is available with prepurchased “Scrip.” “Scrip” comes in two variations: “Paper Scrip” which are paper vouchers used to pay for Taxi and Non-Emergency Medical Transport (NEMT) fares with eligible taxi providers or “E-Scrip” which are digital credits used to pay for Lyft-Uber fares scheduled and dispatched through GoGoGrandparent.

To be eligible for the program, the applicant 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.** Submitted “Proof of Age and Residency” must match the information listed on the application. If the information does not match, the application will be returned to the applicant.

You can submit the application and proof of age and residency through one of the methods listed below or at one of our “Vendor” locations listed on page 4 of the Frequently Asked Questions. For more information, please call Fresno COG at 559-233-4148 or visit us on the web at www.fresnocog.org.

This form and a copy of the applicant’s “Proof of Age and Residency” can be submitted one of **four** ways:

EMAIL to:	FAX to:	MAIL to:	IN-PERSON at:
JMartinez@fresnocog.org	(559) 233 - 9645	Fresno COG 2035 Tulare Street, Suite 201 Fresno, CA 93721	one of the approved Vendor locations

APPLICANT INFORMATION

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ **Date of Birth:** _____

Email: (Optional) _____

Language Preference (if other than English): _____

Signature: _____ **Date:** _____

How did you hear about this program? _____

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

Rev: 07/10/25