

## APPENDIX C

### REGIONAL TRANSIT PROGRAM Measure C Senior Scrip Program for Seniors 70 years of age and older

**THIS FORM IS OPTIONAL AND ONLY NEEDS TO BE COMPLETED  
IF YOU ARE INTERESTED IN USING THE LYFT-UBER SERVICES  
WITH GOGOGRANDPARENT THROUGH THE MEASURE C  
SENIOR SCRIP PROGRAM.** REVISED: 09/09/2025

## **ADDENDUM TO THE “MEASURE C SENIOR SCRIP” APPLICATION**

This addendum application is for GoGoGrandparent. GoGoGrandparent are the dispatchers for Lyft-Uber rides and they accept the “E-Scrip” as a form of payment. **This addendum is not the application for the “Measure C Senior Scrip” program, visit [fresnocog.org/measure-c-senior-scrip](https://fresnocog.org/measure-c-senior-scrip) for the application and all information.**

### **Has your “Measure C Senior Scrip” application/profile information changed since you originally signed up for the program?**

- ☐ **NO**, I am signing up for the “Measure C Senior Scrip” program for the first time and all information on my application and attached proof of age and residency is current.
- ☐ **NO**, my “Measure C Senior Scrip” application/profile information has not changed since I originally applied.
- ☐ **YES**, my “Measure C Senior Scrip” application/profile information has changed since I originally applied. Below is my new information:

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

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Driving instructions for the Lyft/Uber driver (apartment # or gate code #)

\_\_\_\_\_

- ☐ **YES**, GoGoGrandparent can contact me to provide me information about Lyft-Uber and my E-Scrip balance (*also known as “Partner Credits” to GoGoGrandparent.*)
- ☐ **YES**, I would like to add an emergency contact to my GoGoGrandparent account:

Emergency Contact first and last name: \_\_\_\_\_

Their relationship to you: \_\_\_\_\_ Their Phone Number: \_\_\_\_\_

Their email address: \_\_\_\_\_

## **PLEASE MARK ALL CONDITIONS THAT APPLY TO YOURSELF**

*(This will help GoGoGrandparent operators match you with a capable driver/vehicle when scheduling your ride):*

<input type="checkbox"/> <b>NO, none</b> of the following conditions apply to me.		
<input type="checkbox"/> <b>YES, one or more</b> of the following conditions apply to me.		
<input type="checkbox"/> Visually impaired	<input type="checkbox"/> Uses a cane / leg braces	<input type="checkbox"/> Slow walker
<input type="checkbox"/> Uses a walker / crutches	<input type="checkbox"/> Portable oxygen tank / respirator	<input type="checkbox"/> Hard of hearing
<input type="checkbox"/> Service Dog	<input type="checkbox"/> Verbally impaired	<input type="checkbox"/> Cannot get into small cars
<input type="checkbox"/> Cannot get into big cars	<input type="checkbox"/> Poor memory	<input type="checkbox"/> Manual wheelchair
<input type="checkbox"/> Needs “Elbow Assist” ( <i>“Elbow Assist” is a “door-to-door” service where you will be escorted by a driver at the pickup and drop off locations. A \$5 fee per ride applies and will be credited directly to the driver as a tip.</i> )		
There are no Lyft or Uber drivers with wheelchair accessible vehicles/lifts currently. If you need a wheelchair accessible vehicle, use one of the currently approved taxi or Non-Emergency Medical Transportation (NEMT) providers offering wheelchair accessible vehicles to customers.		

This form can be submitted one of **THREE** ways:

EMAIL to:	FAX to:	MAIL to:
<a href="mailto:JMartinez@fresnocog.org">JMartinez@fresnocog.org</a>	(559) 233 - 9645	Fresno COG 2035 Tulare Street, Suite 201 Fresno, CA 93721