

AUTHORIZED PERSONNEL USE ONLY
USER ID# _____
INITIALS _____

APPENDIX F
REGIONAL TRANSIT PROGRAM
Measure "C" Taxi Scrip Program for Seniors 70 years of age and Older
APPLICATION FOR SCRIP

As a potential user of the Taxi Scrip Program, you have received this packet of materials to explain the program and an application to participate in the program. The Taxi Scrip Program began in 2008 to provide transportation for seniors living in the Fresno county region. The Taxi Scrip Program is operated by the Council of Fresno County Governments (Fresno COG) and funded with local transportation funds made available through the extension of Measure "C".

Today, Fresno County residents that meet the program eligibility criteria may use taxicabs to travel anywhere within the County of Fresno. Taxicabs are available seven days a week, 24 hours a day. Eligible individuals must be a senior age 70 or older. Seniors are required to provide proof of age, such as a copy of a California driver's license, California Identification Card or Medicare Card. Additional eligibility information is provided in detail later in this packet.

Taxi Scrip Program participants may purchase five books of Scrip monthly at \$5 per book. The actual Scrip ticket book value is \$20 (includes 20 tickets at \$1 value per ticket), which is a 75% discount per book. Use Scrip to pay the meter when using a taxicab, rounding up to the nearest dollar. When paying with Scrip, change can be requested. Do not use Scrip to tip the driver. Scrip books have an expiration date of December 31st. Expired Scrip can be returned or exchanged by the Eligible or Authorized buyer within the year following its issuance. Scrip that has expired cannot be used. It is recommended not to buy more Scrip than you can use prior to the expiration date.

Return this application to the Fresno COG office at 2035 Tulare Street, Suite 201, Fresno, CA 93721. You may include a check, cashier's check or money order, payable to 'Taxi Scrip Program', for your first month's Taxi Scrip, along with your application and a self addressed stamped envelope (use two first class stamps when buying 5 taxi books). PLEASE DO NOT SEND CASH. For more information, please call Fresno COG at 559-233-4148 or visit us on the web at www.fresnocog.org.

APPLICATION FORM

Part I

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____ Date of Birth: _____

I am age 70 or older

Signature: _____ Date: _____

AUTHORIZATION FORM

Part I

Name of Eligible Buyer: _____

Address: _____

City, State, Zip: _____

Phone: _____

I hereby authorize the following individual(s) to purchase my Taxi Scrip for me when I am unable to purchase these items myself. I understand that only the name(s) shown below may purchase Taxi Scrip on my behalf. I further understand that this form must be renewed every two years. If changes occur before my renewal is due, I am responsible to update my Taxi Scrip Program Authorization Form.

Signature: _____ *Date:* _____

Part II

The individual(s) listed below have agreed to become an Authorized Buyer and acknowledge that they will show a photo ID and my User ID card when making a Taxi Scrip purchase on my behalf. Failure to offer their photo ID may possibly revoke their authorization status. Fresno COG is not responsible should the Authorized Buyer fail to deliver the purchased item(s) to the Eligible Buyer. Eligible Buyers and Authorized Buyers must provide their California Driver's License or California ID Card number and a local telephone number on personal checks when purchasing by US Mail or in person at the Fresno COG office.

1.

Name of Authorized Buyer: _____

Address: _____

City, State, Zip: _____

Phone: _____

Authorized Buyer's Signature: _____ *Date:* _____

2.

Name of Authorized Buyer: _____

Address: _____

City, State, Zip: _____

Phone: _____

Authorized Buyer's Signature: _____ *Date:* _____

BILL OF RIGHTS & RESPONSIBILITIES

1. You have the **RIGHT** to be charged the same fare as all other taxi passengers.
2. You have the **RIGHT** to tip or not tip the taxi driver. You may not tip taxi drivers with Taxi Scrip.
3. If the fare is less than an even dollar amount, you have the **RIGHT** to get change back.
(You may round up your trip fare to the nearest dollar and request change. Example: the total fare is \$5.25, you give the taxi driver \$6's worth of Scrip. The 75-cent difference can be requested as change.)
4. You have the **RIGHT** to travel with a companion(s) and pay only one fare
(no matter how many people took the same ride.)
5. You have the **RIGHT** to prompt, courteous and safe service.
6. You have the **RIGHT** to use any participating taxi company you wish.
7. You have the **RESPONSIBILITY** not to lend, sell or give away your Taxi Scrip to anyone.
8. You have a **RESPONSIBILITY** to use your Taxi Scrip before it expires. Scrip expires the last day of December.
9. You have a **RESPONSIBILITY** not to abuse the Taxi Scrip Program. The taxi drivers may not make out-of-area trips for you, make deliveries or allow someone else to use your Scrip.
10. You have a **RESPONSIBILITY** to keep track of your Scrip and provide identification – remember it is the same as cash!
11. You have a **RESPONSIBILITY** to report any instance of abuse, unsafe taxi conditions, fraud or other problems you experience or observe.
12. You have a **RESPONSIBILITY** to inform the Taxi Scrip Program office of any changes: new address or telephone, Authorized Buyer(s), your eligibility status, etc.



Measure C Senior Taxi Scrip Program ORDER FORM



Date: _____

User ID #: _____ (if you are not an existing user, please leave blank)

Mailing Address: Name: _____
 Street Address: _____
 City, ST ZIP Code _____
 Phone: _____

Ship To: Name: _____
 Street Address: _____
 City, ST ZIP Code _____
 Phone: _____

Shipping Method	Shipping Terms
U.S. Standard Mail	Taxi Scrip will be mailed within (1) week after your order has been received.

Please Check (1)	Qty: Taxi Scrip	Amount Due	Details
<input type="checkbox"/>	\$ 20.00	\$ 5.00	Each booklet contains (20) \$1.00
<input type="checkbox"/>	\$ 40.00	\$ 10.00	coupons for \$5.00 each. 75% Discount!
<input type="checkbox"/>	\$ 60.00	\$ 15.00	
<input type="checkbox"/>	\$ 80.00	\$ 20.00	<i>You may only purchase up to 5 booklets</i>
<input type="checkbox"/>	\$ 100.00	\$ 25.00	<i>per calendar month</i>
			Taxi Scrip is effective July 1, 2008 and expires December 31, 2008 Please be sure to exchange 2008 scrip for 2009 before the expiration date.

Total Amount Enclosed

1. Complete application (if you are enrolling for the 1st time) and attach it to the order form
2. Complete the order form including mailing & shipping address.
3. Insert order form into an envelop with check or money order for exact amount, made payable to **Taxi Scrip Program**. NO CASH PLEASE.
4. All checks must show a phone number and a California driver's license number to be considered valid.
5. If you are an existing User, please mail your User ID Card (it will be returned with your purchased Taxi Scrip)
6. Send all correspondence to Fresno COG:
 Council of Fresno County Governments
 2035 Tulare Street, Suite 201
 Fresno, CA 93721

For Fresno COG Representative Only:

 Approved By: _____ Date: _____

Council of Fresno County Governments
 2035 Tulare Street, Suite 201
 Fresno, California 93721
 559-233-4148 559-233-9645
 Website Address: www.fresnocog.org