

# San Mateo County **TRANSIT DISTRICT**



# **Public Transit Travel Training Request Form**

Name First name			Last name				
Address							
Auuress _	# and Street	Unit/A	Apt. #	City	Zip Code		
Phone (	) Home	( )	Cell	( )	Work		
Email Ad	dress				(Please Print)		
Do you v	want to learn to rie	de the bus c	or the train?	?Bus	TrainBoth		
	l learning to ride t dence?				_		
	nill man an humain	g the bus or	<b>train</b> ? (Cheo	ck all that apply)			
	<b>vill you go by usin</b> al/Dental offices	-	•	/	_Visit Family/Frien		
Medica		Shopping	Social activit	ties/outings _	_Visit Family/Frien		
Medica Other	al/Dental offices	Shopping	Social activit	ties/outings _			
Medica Other Have you	u ever ridden a bu	Shopping s or train b	Social activit	ties/outings oYes How	long ago?		
Medica Other Have you List the o	u ever ridden a bu	Shopping s or train b that you'd	Social activit efore?No like to visit	ties/outings oYes How using public	long ago?		
Medica Other Have you List the c Doctor.	u ever ridden a bu cities or locations /dental office in citie	Shopping s or train b that you'd i es of	Social activit efore?No like to visit	ties/outings oYes How using public	long ago? transit.		
Medica Other Have you List the c Doctor. Senior	u ever ridden a bu cities or locations /dental office in citie Center/Community	Shopping s or train b that you'd i es of center in	Social activit efore?No like to visit	ties/outings oYes How <b>using public</b>	long ago? transit.		
Medica Other Have you List the o Doctor. Senior o Shoppin	u ever ridden a bu cities or locations /dental office in citie Center/Community ng store(s) on	Shopping s or train b that you'd i es of center in	Social activit efore?No like to visit Street in th	ties/outings oYes How using public he cities of	long ago? transit.		
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\_\_No. \_\_I'd like to complete an application to obtain a Senior Clipper Card (age 65+).

\_\_Yes. \_\_I have a regular adult Clipper Card \_\_I have a Senior Clipper Card (age 65+).

#### 7. How do you currently get around?

- \_\_I drive but would like to explore other options.
- \_\_I depend on others (family/friends/volunteers) to get me to places.
- \_\_I don't drive/don't have a car/unable to drive.
- \_\_\_It's difficult for me to get rides. I'm mostly at home, at times feeling isolated.
- \_\_Redi-Wheels/RediCoast
- \_\_Other\_\_\_\_
- 8. Is there a bus stop near where you live? \_\_Yes \_\_No \_\_I don't know Can you walk to the stop? \_\_Yes \_\_No
- 9. Is there a train station near where you live? \_\_Yes \_\_No \_\_I don't know
- 10. How long can you comfortably walk or travel before needing a break?

   \_\_\_10 minutes
   \_\_20 minutes
   \_\_30 minutes
   \_\_Other\_\_\_\_\_\_
- 11. Which of the following do you use (check all that apply)?
  \_\_None \_\_Cane \_\_Walker \_\_Wheelchair/scooter \_\_Hearing Aid \_\_Service Animal \_\_Other (please explain)
- 12. List any <u>Medical</u>, <u>Physical</u>, <u>Emotional</u> or <u>other conditions</u> that we should know for your travel training:

#### 13. Who is Your Emergency Contact?

	Name	Relationship	Phone # with area code			
Please hand the completed form to one of our Mobility Ambassadors, or						
Mail the completed form to: San Mateo County Transit District 1250 San Carlos Avenue, San Carlos, CA 94070 Attention: Accessible Services Travel Training Program, 3rd FloorFor more information: ambassador@samtrans.com 650-508-6362						
Internal Use Only						
For	m rec'd	Consent/Authorization Form rec'd	Date Reviewed			
Obtained Add'l info / Clarification from TraineeDate & Ambassador assigned						
Referral to Specialized Training (Date & Agency)						
Date/Time/Location for 1 <sup>st</sup> Training						
Date/Time/Location for Add'l Training						



# San Mateo County TRANSIT DISTRICT



# **Public Transit Travel Training**

(Requestor to keep this copy as reference)

The program coordinator will review completed **Travel Training Request Form** and **consent form** (complete and sign both sides) once they're received. If public transit training is deemed appropriate for you, a trained Mobility Ambassador volunteer will be assigned and will contact you to schedule a 1-on-1 consultation.

You and the Mobility Ambassador Volunteer will agree upon a date and time to meet for the consultation. All consultations will be held at a public location such as a senior center. Field training will be scheduled if needed or requested.

If upon review of your information it is determined that specialized travel training is more appropriate for you, you will be referred to one of our specialized training partners, who will then contact you regarding next steps in scheduling training session(s).

## Travel Training will help you learn how to:

- ... use different tools to plan a trip using public transit.
- ... read and understand route maps and schedules.
- ... recognize bus/train numbers, stops, and landmarks.
- ...purchase passes, pay fares, or apply/use a Clipper Card.
- ...get on and off the bus/train safely, with or without a mobility device.

...connect to other buses, train, or another transit system outside of San Mateo County.

...get service information, and ...travel independently and confidently riding the public transit system.

## San Mateo County Transit District

1250 San Carlos Avenue San Carlos, CA 94070 <u>Attention:</u> Accessible Services Travel Training Program, 3<sup>rd</sup> Floor

## For more information:

ambassador@samtrans.com 650-508-6362