

CarePool ELIGIBILITY APPLICATION

CarePool is a volunteer driver program that matches riders with volunteer drivers for medical appointments or trips to the grocery store.

1. **PRINT OR TYPE FULL responses to all of the questions** on the application form.
2. Provide copies of two forms of identification.
 - Proof of Age (Driver's License, California ID, Military ID, Passport or Other ID)
 - Proof of Residence: **Must have a physical address** (Driver's License, California ID, Military ID, Passport or Other ID)
3. **Applicant must sign the completed application.**
4. Return the completed application and copies of proof of age and residence to Vivalon:

By Mail

CarePool Eligibility
930 Tamalpais Avenue
San Rafael, CA 94901

By Email

Subject: CarePool Eligibility
carepool@vivalon.org

5. Applications will be processed by the Vivalon CarePool team and once complete you will receive a phone call welcoming you to the program and asking if you need to schedule a ride. Processing usually takes five to seven business days. You will be required to return the CarePool waiver form to the CarePool team before your application is complete.
6. Review and completion of this form does not amount to eligibility determination.
7. You must be 65 years old or older and a Marin County resident who no longer drives permanently and is ambulatory.

Need Assistance? Call the Vivalon CarePool team at 415-454-0927.

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First Name:		Last Name:	
Date of Birth _____/_____/_____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Primary Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____			
Home/Service Address:			
Apt/Unit/Space:			
City:		State:	Zip:
Mailing Address if Different:			
City:		State:	Zip:
Home Phone:		Cell Phone:	
TDD/TYY:		Email Address:	
Emergency Contact:			
Phone Number:		Relationship to Applicant:	
Mobility Device:		Do you have sight or vision issues? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ambulatory; can transfer to car? <input type="checkbox"/> Yes <input type="checkbox"/> No		Applicant can get into SUV/Truck? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is Wheelchair Foldable? (If Applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No		Service Animal? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you vaccinated? <input type="checkbox"/> Yes <input type="checkbox"/> No 1st vacc date _____ 2nd vacc date _____ Booster date _____		Needs Escort from Home to Car? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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<p>Have you ever missed or skipped a medical appointment due to lack of transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If you have missed or skipped a medical appointment due to lack of transportation, approximately how many times? _____</p>
<p>Internet Access? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Smart Phone? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Living Situation <input type="checkbox"/> Single <input type="checkbox"/> With Spouse <input type="checkbox"/> With Family/Friends</p>	
<p>Income Level (optional)</p> <p> <input type="checkbox"/> Less than \$10,000 <input type="checkbox"/> \$35,00-\$49,999 <input type="checkbox"/> \$100,000-\$149,999 <input type="checkbox"/> \$10,000-\$24,999 <input type="checkbox"/> \$50,00-\$74,999 <input type="checkbox"/> \$150,000-\$199,999 <input type="checkbox"/> \$24,00-\$34,999 <input type="checkbox"/> \$75,00-\$99,999 <input type="checkbox"/> \$200,000 and above </p>	
<p>Enrolled in one or more of the following programs (optional)</p> <p> <input type="checkbox"/> Medicare <input type="checkbox"/> Medi-Cal <input type="checkbox"/> SSI (Supplemental Security Income) </p>	
<p>How did you hear about CarePool?</p>	
<p> <input type="checkbox"/> I affirm that all of the information provided above is true and accurate. <input type="checkbox"/> I understand and expressly assume all the dangers of transportation using Vivalon CarePool. I waive all claims arising out of the transport whether caused by negligence, breach of contract or otherwise; and whether for bodily injury, property damage or loss or otherwise, that I may ever have against Vivalon, its successors and assigns, its officers, directors, agents, volunteers, employees, and their executors, administrators and heirs. <input type="checkbox"/> In the case of a medical emergency, I understand that the driver is instructed to call 911 and follow the directions that they provide. The driver will also contact Vivalon within 24 hours and fill out the Incident Report. <input type="checkbox"/> I acknowledge that I have carefully read this document and understand the information therein. <input type="checkbox"/> I agree to each of the terms and acknowledgments above. </p>	
<p>Signature: _____</p>	<p>Date: _____</p>

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