



Transportation Reimbursement Incentive Program (TRIPs) *Application*

Thank you for your interest in applying for the Monterey-Salinas Transit District (MST) Transportation Reimbursement Incentive Program (MST TRIPs). This program is for qualified residents who live in isolated and underserved communities in Monterey County that are outside MST's service areas.

MST TRIPs is a volunteer-based transportation for persons with disabilities, seniors (65 years or older), and veterans. Participants select their own volunteer driver(s), usually a friend, neighbor, or caregiver to transport them. In return, MST will reimburse the participant 62.5 cents (62.5¢) per mile up to 240 miles per month to compensate their volunteer driver(s) for the trips they received.

Eligibility determination will be processed within 5-7 business days after the application has been received and MST will notify participants of eligibility by mail.

The following is a checklist for submitting your application materials for the MST TRIPs:

___ Complete, sign and date the Application and submit a copy of the requested supporting documents with the Application. Please read the Agreement and Release before signing.

___ Return the completed Application by mail, in-person, fax, or e-mail to the following:

Monterey Salinas Transit- Mobility Department
15 Lincoln Ave., Salinas, CA 93901
Fax: 831-296-8826
E-mail: mobility@mst.org



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Please print legibly, and fill out each section completely and attach a copy of the supporting documents. Attach a copy of your government-issued Photo ID and corresponding documentation. Incomplete applications will be returned.

Supporting Documents (Please select which applies and attach the supporting document of the following)

- ☐ I am 65 years or older and live in an isolated and underserved community in Monterey County outside MST service areas. (Attach a copy of your government-issued photo ID Card or driver's license)
- ☐ I am a Veteran who lives in an isolated and underserved community in Monterey County outside MST service areas. (Attach a copy of your form DD 214, US Department of Veterans Affairs ID Card, Membership card from the American Legion, Disabled American Veterans ID card, and government issued driver's license or photo ID Card with veteran designation.)
- ☐ I am a person with a disability who lives in an isolated and underserved community in Monterey County outside MST service areas. (Attach a copy of your MST Courtesy Card, MST RIDES eligibility card, or Medicare Card with a copy of your government-issued photo ID Card or driver's license)

Contact Information

Your Full Name:		
Residence Address:		Apt#:
City:	State:	Zip Code:
Mailing Address (if different):		Apt#:
City:	State:	Zip Code:
Date of Birth: / / Example: 01/25/1940		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Phone: ()		Cellular Phone: ()
E-mail Address:		
Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____		
Name of Emergency Contact:		
Relationship to Applicant:		Contact Phone: ()

MST Office Use Only:

Received on: _____ Approved: ☐ Yes ☐ No

Reviewed by: _____



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Application

Travel Needs Assessment

1. How did you hear about TRIPs? _____
2. Do you live: ☐ Independently ☐ With Family ☐ Other _____
3. I use a : ☐ Walker ☐ Cane ☐ Wheelchair ☐ Scooter ☐ Other _____
4. Are you able to drive? ☐ Yes ☐ No
5. Do you have a health problem(s) that affects your ability to drive? ☐ Yes ☐ No
6. Do you use public transportation? (Including MST RIDES Program) ☐ Yes ☐ No
7. Do you have a volunteer driver in mind? ☐ Yes ☐ No
8. Who is your volunteer driver? ☐ Relative ☐ Friend ☐ Caregiver ☐ Other _____
9. On average, how many vehicle trips do you take per month to these locations? **(Select all that apply and include the estimated number of trips. Please count round trip as two trips.)**

- | | |
|---|--|
| <input type="checkbox"/> Adult Day Care Program _____ | <input type="checkbox"/> Medical Appointments _____ |
| <input type="checkbox"/> Bank _____ | <input type="checkbox"/> Nutritional Programs _____ |
| <input type="checkbox"/> Church _____ | <input type="checkbox"/> Pharmacy _____ |
| <input type="checkbox"/> Community Center _____ | <input type="checkbox"/> Physical Therapy _____ |
| <input type="checkbox"/> Dialysis _____ | <input type="checkbox"/> Visiting Friends/Family _____ |
| <input type="checkbox"/> Education _____ | <input type="checkbox"/> Work _____ |
| <input type="checkbox"/> Grocery Shopping _____ | <input type="checkbox"/> Other _____ |

Agreement and Release:

I hereby certify the information provided is true and correct to the best of my knowledge. I understand if I participate in TRIPs, I must complete and submit a monthly trip log to Monterey-Salinas Transit District (MST) to receive monetary reimbursement. Also, I am responsible to pay reimbursements, when received, to my volunteer driver(s). I understand that any fraudulent program activity will be investigated, and may result in the denial of privileges to participate in TRIPs. I understand and agree my volunteer driver(s) are not MST employees and MST does not assume responsibility for personal choice of driver, or any insurance liability. I voluntarily release, waive, and forever discharge and hold harmless MST, its officers, employees and volunteers from responsibility or liability, for any loss, claim or action that may arise due to any loss or injury I may have or accrue as a result of my participation in TRIPs.

Signature

____/____/____
Date

If the applicant is unable to sign, please sign above, and provide the required information below. Please note that someone may call you and/or the applicant for verification purposes.

Name:

Relationship:

Phone number:

Email Address: