



H. Louis Lake SENIOR CENTER

11300 Stanford Ave. Garden Grove, CA 92840

Tel: (714) 741- 5253

CYC I.D # _____

To sign up for the Mobility Program you must schedule an appointment with our Transportation Coordinator and present this completed application along with a valid form of identification.

Garden Grove Senior Mobility Program Application Personal Information - Please print clearly and legibly

Date: _____

Name: _____
Last First M.I.

Address: _____
Number Street Apt # City State Zip

Female___ Male___ Date of Birth_____ Primary Language:_____

Primary Phone: (____)_____ Alternate Phone: (____)_____

Email:_____

Emergency Contact:

Name:_____ Relationship:_____

Primary Phone: (____)_____ Alternate Phone: (____)_____

Mobility Information

Do you use any of the following mobility aids or equipment? (Please circle)

Power Wheelchair Manual Wheelchair Cane Walker

Other_____

I plan on using the Taxi Program for: (check all that apply)

- Senior Center Medical Appointments Grocery shopping



H. Louis Lake Senior Mobility Transportation Waiver

I absolve and hold harmless the City of Garden Grove, its officers, agents, and employees from and against any and all liabilities or claims for damages to myself, or the minor person registered to participate for which I have legal responsibility and authority, resulting from or arising out of participation in City activities, except to the extent such liabilities or claims for damages are caused by the gross negligence or willful or wanton misconduct of the City, its officers, agents or employees. I hereby grant City of Garden Grove the right to photograph my participation in the activities in which I participate and use the photographs in further recreational brochures.

As a participant of the H. Louis Lake Senior Mobility Program, I understand and agree to adhere to the following rules at all times:

1. While riding in the taxi, I will wear my seat belt, and be safely secured, at all times.
2. I understand that I need to make my taxi appointments no later than 24 hours in advance.
3. I understand that I need to cancel my taxi appointments no later than 24 hours in advance
4. I will be ready for the arrival of my taxi one hour prior to my scheduled pick up time.

Senior Center trip schedule

| Monday | Tuesday | Wednesday | Thursday | Friday |
|----------|----------|-----------|----------|----------|
| Pick up: | Pick up: | Pick up: | Pick up: | Pick up: |
| Return: | Return: | Return: | Return: | Return: |

Client's Name (Print): _____ Date: _____

Client's Signature: _____ Date: _____

Staff Signature: _____ Date: _____