

All information is CONFIDENTIAL.

*What is your Gender? (check only one) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Female to Male <input type="checkbox"/> Transgender Male to Female <input type="checkbox"/> Genderqueer / Gender Non-binary <input type="checkbox"/> Not listed, please specify: _____ <input type="checkbox"/> Decline to state	*What was your sex at birth? (check only one) <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Decline to state	*How do you describe your sexual orientation or sexual identity? (check only one) <input type="checkbox"/> Straight/Heterosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Gay / Lesbian / Same-Gender Loving <input type="checkbox"/> Questioning/Unsure <input type="checkbox"/> Not listed, please specify: _____ <input type="checkbox"/> Decline to state
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Responses Required to Determine Eligibility

*SUPPORT SERVICES
Do you have an In-Home Support Service (IHSS) caregiver? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, does the IHSS caregiver provide transportation services? <input type="checkbox"/> Yes <input type="checkbox"/> No How many hours per month is allocated for transportation? _____ Do you have someone providing you care? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____
*TRAVEL INFORMATION
Are you able to drive? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you have a valid California driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you own a vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No Is Public Transportation available in your area? <input type="checkbox"/> Yes <input type="checkbox"/> No What methods of transportation do you use most often? <input type="checkbox"/> Public transportation <input type="checkbox"/> Dial-A-Ride <input type="checkbox"/> Family member drives <input type="checkbox"/> Friend, Neighbor, Caregiver drives <input type="checkbox"/> Taxi <input type="checkbox"/> Other _____ Why do you travel most often? <input type="checkbox"/> Medical Appointments <input type="checkbox"/> Hospital <input type="checkbox"/> Pharmacy <input type="checkbox"/> Dialysis <input type="checkbox"/> Senior Center <input type="checkbox"/> Grocery Store <input type="checkbox"/> Family <input type="checkbox"/> Social Activities <input type="checkbox"/> Out of County Medical Appointments: _____
*HEALTH INFORMATION
Are you homebound due to an illness, disability or isolation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, briefly describe: _____ _____ _____
Do you use a mobility aid? (check all that apply): <input type="checkbox"/> Manual Wheelchair <input type="checkbox"/> Electric Wheelchair <input type="checkbox"/> Cane <input type="checkbox"/> Oxygen Tank <input type="checkbox"/> Power Scooter <input type="checkbox"/> Service Animal <input type="checkbox"/> Walker <input type="checkbox"/> Other _____
Comments: _____ _____ _____ _____

Participant/Person Completing Form -- Signature: _____

Date: _____