

JARC Mobility Assistance - Request for Service

Vendor

Applicant

Name: Mobility Management Partners, Inc.

Address: 4036 Adolfo Road
Camarillo CA 93012

Phone: (888) 667-7003

Website: www.mobilitymp.org

Fax: (866) 529-6102

Name: _____
(First) (Last)

Address: _____
(Number) (Street)

_____ (City) (Zip)

Phone: (____) _____ - _____

Date of Birth: ____ / ____ / ____

Requested start date: ____ / ____ / ____

How did you learn about JARC? Please identify referral source (Example: organization, school, career fair)

Source: _____

Job Access Reverse Commute (JARC) is a federally-funded program intended to provide transportation information and resources to qualified individuals who are currently working or wishing to return to work. In order to qualify for services under this program, and individual **must** meet one or more eligibility requirements listed in "Section 1" below, **and** must be seeking transportation to one of the job-related activities listed in "Section 2" below.

Section 1 - JARC Eligibility Criteria (please check all that apply):

- Low Income (based on Los Angeles County low income guidelines)
- Senior (63yrs+)
- Person with a disability

Section 2 – Job-Related Activities (please check all that apply):

- Job Search/Training (examples: Employment Center, Vocational/Trade School, EDD Office, Library, etc.)
- Currently Employed (seeking transportation to/from training or job location)
- Volunteer (seeking transportation to/from volunteer location)
- Day Care (returning to work and seeking transportation to/from day care facility)

Current Transportation Used (check any that apply, if other please describe):

- Access MTA Private Auto Specialized (RC) Bike/Walk Other _____

Mobility Training Destination: _____

Address (Street & City): _____

Application Submitted by (please print)

Name: _____

Facility: _____

Phone: _____

Regional Center Information, if appropriate

Participant: yes no If yes, UCI# _____

Case Manager: _____

Region: _____

Training will replace curb-to-curb service: yes no

JARC Transit Resources – Request for Information

Resource	Application Required	Low Income	Senior	Person with Disability	Interest in Resource <small>(Check all that apply)</small>
Access Paratransit (curb-to-curb)	YES			X	
Discounted Metro Tap Card	YES				
Senior (63 yrs+)		X	X	X	
K-12 Student		X	X	X	
Disabled		X	X	X	
College/Vocational		X	X	X	
Metro Monthly Pass (Savings after 50 boarding per month)	No	X	X	X	
Metro Weekly Pass (Savings after 13 boarding per week)	No	X	X	X	
Metro Day Pass (Savings after 4 boarding per day)	No	X	X	X	
Metro Day Pass (Seniors & Persons with disabilities)	No		X	X	
Off-Peak Base Fare	No		X	X	
Regular Base Fare	No	X			
Senior/Disabled/Medicare Fare	No		X	X	
City Ride (curb-to-curb) City of L.A. DOT Taxi Dial-A-Ride	YES		X	X	
DASH	No	X	X	X	
Commuter Express	No	X	X	X	

This Section for Internal Use Only

Date Request Received: _____ Trainer Assigned: _____

Notes: