

# Application

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Please send completed form to: Gabriel Aguilar

Email (pdf only): [gaguilar@pfs.org](mailto:gaguilar@pfs.org) Mail: 24 Second Ave., San Mateo, CA 94401

Call: (650) 403-4300 Ext. 4750 (M-F 8 am – 3:30 pm)

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**PLEASE PRINT YOUR ANSWERS and DO NOT SKIP A QUESTION. COMPLETED FORM IS REQUIRED**

**To comply with grant requirements, we are required to collect the below information: Please select all that apply.**

**Previous participant of PFS/ Older Adult Program? Yes \_\_\_\_\_ No \_\_\_\_\_**

**PARTICIPANT NAME** \_\_\_\_\_

First: \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender: Male ( ) Female ( ) Self-ID ( )  
**(Must be at least 70 years old or younger than 70 with a disability)**

Primary Language: English ( ) Spanish ( ) Chinese ( ) Filipino ( ) Other ( )

Address: \_\_\_\_\_ City: \_\_\_\_\_ Unit #: \_\_\_\_\_ Zip Code: **\*** \_\_\_\_\_

Phone Number home: (\_\_\_\_\_) \_\_\_\_\_ Phone Number cell: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

## **RELEASE OF INDEMNITY & ASSUMPTION OF RISK:-MANDATORY FOR PARTICIPATION**

I understand that the Got Wheels! Transportation Service for which I am registering is insured by Serra Yellow Cab and in consideration of the right to participate, I agree, on behalf of myself and my heirs, successors or assigns, to hold harmless, indemnify and defend Peninsula Family Service, its officers, employees, affiliates and reasonable attorney's fee, arising in connection with my participation in Got Wheels! Transportation service offered by Peninsula Family Service. I agree Peninsula Family Service is not responsible for lost or stolen items. I agree that Peninsula Family Service may deny me permission to participate in Got Wheels! service.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I agree that the signature will be the electronic representation of my signature and initials for all purposes when I (or my agent) use them on my document, including legally binding contracts – just the same as a pen-and-paper signature.

**Race and Ethnicity - Which best describes your race/ethnicity?**

**DO NOT SKIP A QUESTION. COMPLETED FORM IS REQUIRED**

**Indigenous**

- American Indian/Native American
- Indigenous from Mexico, the Caribbean, Central America or South America
- Other Indigenous \_\_\_\_\_

**Middle Eastern/West Asian or North African**

- North African
- West Asian
- Other Middle Eastern or North African \_\_\_\_\_

**Asian**

- Chinese
- Filipino
- Japanese
- Korean
- Mongolian
- Central Asian
- South Asian
- Southeast Asian
- Other Asian \_\_\_\_\_

**Hispanic/Latino**

- Caribbean
- Central American
- Mexican
- South American
- Other Hispanic/Latino \_\_\_\_\_

**Black**

- African
- African American
- Caribbean, Central American, South American or Mexican
- Other Black \_\_\_\_\_

**Pacific Islander**

- Chamorro
- Native Hawaiian
- Samoan
- Tonga
- Other Pacific Islander \_\_\_\_\_

**White**

- European
- Other White \_\_\_\_\_

**Sexual Orientation and Gender Identity & Expression (SOGIE)**

**DO NOT SKIP A QUESTION. COMPLETED FORM IS REQUIRED**

We request completion of this demographic information voluntarily so we may ensure that all our participants have a voice. Your answers will help us determine if there are gaps in the community that we should be serving.

The information you provide will not be connected to you in any way.

**What is your gender?** (Check one that best describes your gender identity)

- Female
- Male
- Genderqueer/ Gender Non-Binary
- Trans Female
- Trans Male
- Not Listed

Please Specify: \_\_\_\_\_

Decline to Answer

**How do you describe your sexual orientation or sexual identity?** (Check one that best describes you)

- Bisexual
- Gay/Lesbian/Same-Gender Loving
- Questioning/Unsure
- Straight/Heterosexual
- Not Listed

Please Specify: \_\_\_\_\_

Decline to Answer

**Marital Status**

Single ( ) Married ( ) Separated ( ) Divorced ( ) Widowed ( ) Domestic Partner ( )

**Family Size**

1 person ( ) 2 people ( ) 3 people ( ) 4 people ( ) 5 people ( ) 6 people ( )

7 people ( ) 8 people ( ) More than 8 people ( )

**Income Source**

Cal Works ( ) WIC ( ) Employment ( ) Child Support ( ) Edd/Unemployment ( ) TANF ( ) Food Stamps/SNAP ( ) N.A. ( )

**Veteran & Disability Status**

Are you a military veteran?  Yes  No

Are you a person with a disability?  Yes  No

Do you need wheelchair accessibility?  Yes  No

Would you like email reminders?  Yes  No

**How did you hear about Got Wheels?**

Social Media ( ) Google/Website ( ) Word of Mouth ( ) Community Event ( ) Referral ( ) PFS Staff Outreach ( )

**You may be among program participants randomly selected for the Feedback Survey to be sent by email or text in November-December and then in May. Hearing from you will help us improve our service. Thank you in advance for completing the survey.**

