



Peninsula Family Service

Opening Doors, Changing Lives



SUPPORTED BY MEASURE K
LOCAL FUNDS
LOCAL NEEDS
WWW.SMCGOV.ORG

Got Wheels! Membership Application (Limit 1 per couple)

PLEASE PRINT

Today's Date _____

First Name _____ Last Name _____

Street Address _____ Apt./Unit No. _____

City & Zip Code _____ Email: _____

Cell Phone: _____ Other Phone: _____

Encircle if applicable: 70 years +? YES / NO Need accessible vehicle? YES / NO

How did you hear about Got Wheels? _____

Peninsula Family Service receives government funding for this program. Your response will help us in our reports. Please check what applies to you:

- | | | | |
|------------------------------------|--------------------------|-----------------------------------|--------------------------|
| American Indian or Alaska Native | <input type="checkbox"/> | Income <u>over</u> \$25,000/year? | <input type="checkbox"/> |
| Black or African American | <input type="checkbox"/> | Male | <input type="checkbox"/> |
| Hispanic or Latino | <input type="checkbox"/> | Female | <input type="checkbox"/> |
| Native Hawaiian & Pacific Islander | <input type="checkbox"/> | LGBTQ+ | <input type="checkbox"/> |
| Other Race | <input type="checkbox"/> | Military veteran? | <input type="checkbox"/> |

Please send the completed form by:

Mail:
Got Wheels Coordinator
Peninsula Family Service
24 Second Avenue
San Mateo, CA 94401

Fax:
650-403-4303
ATTN: Got Wheels Coordinator

Email:
Cqmoreno@peninsulafamilyservice.org

