



Please send completed form to:

Email:

cqmoreno@peninsulafamilyservice.org

www.peninsulafamilyservice.org

650 403-4343 Fax Attn: Got Wheels Manager

650 403-4300 ext. 4329

Mail:

Cherie Querol Moreno

Got Wheels Manager

24 Second Ave

San Mateo, CA 94401

In order to comply with grant requirements, we are required to collect following information:

***= Required to be completed**

Previous participant of PFS/ Older Adult Program? Yes ___ No ___

PARTICIPANT NAME

First: * _____ Middle: * (Initials) _____ Last: * _____

Date of Birth: * ___/___/_____ Gender: Male () Female () Self-ID ()

(Must be at least 70 years old)

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

Address: * _____ City: * _____ 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: _____



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

Indigenous

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

Asian

- ☐ Chinese
- ☐ Filipino
- ☐ Japanese
- ☐ Korean
- ☐ Mongolian
- ☐ Central Asian
- ☐ South Asian
- ☐ Southeast Asian
- ☐ Other Asian _____

Black

- ☐ African
- ☐ African American
- ☐ Caribbean, Central American, South American or Mexican
- ☐ Other Black _____

Middle Eastern/West Asian or North African

- ☐ North African
- ☐ West Asian
- ☐ Other Middle Eastern or North African _____

Hispanic/Latino

- ☐ Caribbean
- ☐ Central American
- ☐ Mexican
- ☐ South American
- ☐ Other Hispanic/Latino _____

Pacific Islander

- ☐ Chamorro
- ☐ Native Hawaiian
- ☐ Samoan
- ☐ Tonga
- ☐ Other Pacific Islander _____

White

- ☐ European
- ☐ Other White _____



How did you hear about Got Wheels?

Do you need wheelchair accessibility? Yes___ No___

Veteran & Disability Status

Are you a military veteran? ☐ Yes ☐ No

Are you a person with a disability? ☐ Yes ☐ No

PFS only

ID card sent: Yes ___ No ___ Date ___ Received: Yes ___ No ___

Replacement Card: Yes ___ No ___

SOGI form: Yes ___ No ___



Sexual Orientation and Gender Identity (SOGI)

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