



**TAXI SCRIP  
INFORMATION  
&  
APPLICATION PACKET**



## **TAXI SCRIP PROGRAM**

The Taxi Scrip Program is intended to enhance transportation options for qualified individuals, but participants are still encouraged to utilize public transportation systems such as American Canyon Transit, the Vine, and Vine-Go whenever it is feasible.

American Canyon residents that meet the Taxi Scrip Program eligibility criteria may use taxicabs to travel anywhere in American Canyon or Vallejo at any time. The Taxi Scrip Program is operated by the City of American Canyon Parks & Recreation Department with assistance and funding from the Napa County Transportation Planning Agency (NCTPA).

Eligible individuals must be a senior age 65 or older, or ADA certified, or disabled of any age. Seniors are required to provide proof of age, such as a copy of a California Driver's License, California Identification Card or Medicare Card. ADA certified individuals must provide a copy of their Napa County ADA ID Card. Disabled individuals are required to complete Part II of the Taxi Scrip Application evidencing their disability, signed by a California licensed medical professional.

Taxi Scrip Program participants may purchase up to three books of scrip each calendar month at a cost of \$10 per book. The actual scrip ticket book value is \$20, resulting in a 50% discount for program participants. Each book of scrip has 20 tickets, and each ticket has a value of \$1. Participants use the scrip to pay the amount shown on the meter at the conclusion of each ride. If the fare is more than an even dollar amount, participants can pay cash for the amount over the even dollar amount or provide an extra scrip ticket and get change back.

Scrip books have an expiration date. Scrip is non-refundable and non-exchangeable, and expired scrip will not be accepted.

Those interested in participating in the program should return the application forms and other required information to the Parks & Recreation Department office, 100 Benton Way, American Canyon, CA 94503. Checks and money orders should be made payable to the City of American Canyon. For more information about the Taxi Scrip Program, call 707-648-7275.

**City of American Canyon**  
**TAXI SCRIP PROGRAM**  
**FAQ SHEET**  
FREQUENTLY ASKED QUESTIONS

**What is scrip?**

Scrip is like a coupon or prepaid ticket. Scrip can be used to pay for the cost of taxicab fare. Scrip is purchased for 50% of the value of the scrip.

**Who can use taxi scrip?**

If you are 65 or older, or if you are ADA certified or disabled, and you reside in the City limits of American Canyon, you can use taxi scrip.

**Can I buy as many scrip booklets as I want?**

No. There are not unlimited funds for the program. In an effort to ensure that as many people as possible can participate in the program, each qualified individual may purchase a maximum of three scrip booklets each calendar month.

**Can I lend my taxi scrip to someone else?**

No, Taxi Scrip cannot be lent, sold or given to anyone else. It is only to be used by the authorized purchaser who qualifies for Taxi Scrip service, and who has a completed TAXI SCRIP AUTHORIZATION FORM on file at the City of American Canyon Parks & Recreation Department.

**Which taxi company can I use?**

Yellow Cab 707-644-1234 or Vallejo City Cab 707-643-3333

**Is taxi scrip for wheelchair users?**

People who use collapsible wheelchairs can use the Taxi Scrip service. If you have another type of wheelchair or scooter you may want to consider American Canyon Transit, VINE Transit or VINE Go paratransit service.

**Can someone accompany me in the taxi?**

If your companion(s) are traveling from the same origin to the same destination, you will only owe one fare, which you may pay by taxi scrip. If their origin or destination is different, the taxi company will charge a separate fee for that rider.

### **Is the taxicab driver obligated to make change when I pay with scrip?**

YES. Just as when you pay for a taxi trip with cash, you are entitled to any change that is due you.

### **May I tip the driver?**

YES. When you feel that the service provided by the driver has been good, you may tip the driver with cash.

### **Are there limitations regarding where I can go using taxi scrip?**

The scrip may be used for trips in American Canyon and Vallejo.

### **What is the cost of Taxi Scrip?**

- You may purchase a maximum of three books of scrip each month at \$10 per book. The actual scrip ticket book value is \$20, that's a 50% discount per book. Each book of scrip includes 20 tickets, at a \$1 value per ticket.
- Use the scrip to pay the fare on the taxi meter. If your fare is more than an even dollar amount, you can pay cash for the amount over the even dollar amount or provide an extra scrip ticket and get change back.
- TAXI SCRIP HAS AN EXPIRATION DATE. You cannot use scrip past its expiration date, printed on the front cover. NO EXCHANGES, NO REFUNDS. Please use your taxi scrip now, do not tuck it away for later use.

### **How can I purchase Taxi Scrip?**

- You may purchase Taxi Scrip in person or by mail at the -

City of American Canyon Parks & Recreation Department  
100 Benton Way  
American Canyon, CA 94503  
707-648-7275

Mondays, Wednesdays, Thursdays, Fridays 8:30 am - 5:00 pm

Tuesdays 8:30 am - 7:00 pm

Pay by cash, check, VISA, MasterCard. (Mail orders: check or money order only.)

- If you are 65 or older, you will need to complete the TAXI SCRIP QUALIFICATION FORM and provide a valid ID (copy of birth certificate, California ID, driver's license, or Medicare card).

- If you are ADA certified in Napa County, you will need to complete the TAXI SCRIP QUALIFICATION FORM and provide a copy of your Napa County ADA certification.
- If your eligibility is based on a disability, you will need to complete the upper half of the TAXI SCRIP QUALIFICATION FORM. You must then have your physician or any other licensed medical professional familiar with your disability complete the bottom part of the TAXI SCRIP QUALIFICATION FORM.

#### **By Mail:**

To order by mail, send your completed TAXI SCRIP QUALIFICATION FORM, check or money order made payable to the City of American Canyon, and one of the following:

- Photocopy of valid ID if age 65 or older, **or**
- Photocopy of ADA card, **or**
- Bottom part of the FORM completed by a licensed medical professional

Purchase limit is three books per calendar month.

You can request a TAXI SCRIP QUALIFICATION FORM from the Parks & Recreation Department office or print it from the Parks & Recreation Department section of the City of American Canyon website. ([www.ci.american-canyon.ca.us](http://www.ci.american-canyon.ca.us))

***NOTE: APPROXIMATELY \$2,000 WORTH OF TAXI SCRIP IS AVAILABLE FOR PURCHASE EACH CALENDAR MONTH ON A FIRST COME FIRST SERVED BASIS. DEPENDING ON THE DEMAND FOR THE TAXI SCRIP, IT IS POSSIBLE THAT REQUESTS FOR TAXI SCRIP CANNOT BE HONORED DURING A PARTICULAR MONTH.***

#### **Can someone purchase taxi scrip for me?**

- If you would like to authorize someone else to purchase Taxi Scrip on your behalf, you must also fill out a Proxy Authorization Form (along with your TAXI SCRIP QUALIFICATION FORM).
- Only those people identified on your Proxy Authorization Form will be authorized to purchase Taxi Scrip for you. Any others not listed on your form will be denied.
- If you would like to change names on your Proxy Authorization Form, you must update your information kept on file at the Parks & Recreation Department office.



## **TAXI SCRIP PROGRAM Disabled Eligibility Guide**

Taxi Scrip Program discount fares are available to persons with disabilities who are certified by a licensed medical professional (California) as meeting definitions described in this guide. Follow the procedures below:

1. Determine if the disability is permanent or temporary.
2. For a temporary disability, provide duration. (Example: 5 weeks, 3 months, etc.)
3. Complete in full Part II of the Taxi Scrip Program Application.
4. Return the Taxi Scrip Program Application to: City of American Canyon, Parks & Recreation Department, 100 Benton Way, American Canyon, CA 94503.

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### Section 1      Mobility Aids

Impairments that cause an individual to use a mobility aid, with the exception of a 3 or 4 wheel scooter. Wheelchair users must be transferable.

### Section 2      Musculo-skeleta

Musculo-skeleta impairment such as muscular dystrophy, osteogenesis imperfecta or rheumatism restrictions; such as therapeutic Grade III, functional Class III or anatomical State III.

### Section 3      Amputation

Amputation disability of anatomical deformity of: (1) both hands; or (2) one hand and one foot; or amputation of lower extremity at or above the tarsal region of one or both legs. (*Loss of major function due to degenerative changes associated with vascular or neurological deficits; traumatic loss of muscle mass or tendons and X-Ray evidence of body or fibrous ankylosis at an unfavorable angle, joint subluxation or instability*).

### Section 4      Stroke

Cerebrovascular accident with one of the following: (1) Pseudobular Palsy; or (2) functional motor deficit in any of two extremities; or (3) Ataxia affecting two extremities substantiated by appropriate cerebellar signs or proprioceptive loss.

### Section 5      Pulmonary

Respiratory impairments of Class 3 or greater.

### Section 6      Cardiac

Cardiovascular impairments of functional Class III, IV or therapeutic Class C, D or E.

### Section 7      Dialysis

Individuals whose disability requires the use of a kidney dialysis machine.

Section 8 Vision

Individuals whose vision in the better eye, after best correction, is 20/200 or less; or those individuals whose visual field is contracted (commonly known as tunnel vision).

Section 9 Hearing

Deafness or hearing incapacity that makes an individual unable to communicate or hear warning signals (*hearing loss is 70 decibel or greater in the 500, 1000, 2000 Hz. ranges*).

Section 10 Incoordination

Individuals suffering faulty coordination of palsy from brain, spinal or peripheral nerve injury; and any person with a functional nerve injury; and any person with a functional motor deficit in any two limbs; or who suffers manifestations that significantly reduce mobility, coordination and perceptiveness not accounted for in previous categories.

Section 11 Developmental Disability

Refers to subaverage general intellectual functioning which originates during the developmental period and is associated with impairment in adaptive behavior.

Section 12 Cerebral Palsy

A disorder dating from birth or early infancy, nonprogressive, although if not treated there is marked regression in functioning characterized by examples of aberrations of motor functions and often other manifestations of organic brain damage such as sensory disorders, seizures, mental retardation, learning difficulty and behavioral disorders.

Section 13 Epilepsy/Convulsive Disorder

A disorder involving impairment of consciousness, characterized by major motor seizures substantiated by EEG, occurring more frequently than once a month in spite of prescribed treatment.

Section 14 Infantile Autism

A syndrome described as consisting of withdrawal, very inadequate social relationships, language disturbance and monotonously repetitive motor behavior.

Section 15 Neurological Disabilities

A syndrome characterized by learning, perpetual and/or behavioral disorders of an individual whose IQ is not less than two standard deviations below the norm. These characteristics exist as a result of brain dysfunctions, neurological disorder, or any damage to the central nervous system, whether due to genetic, hereditary, accident or illness factors. Includes persons with severe gait problems who are restricted in mobility.

Section 16 Mental Disorders

Mental impairment substantially limiting one or more of major life activities.

Section 17 Chronic Progressive Debilitating Disorders

Section 18 DMV Placard

Individuals possessing a DMV placard ID card are eligible. A photocopy of their DMV placard is required.



## **TAXI SCRIP PROGRAM PASSENGER RIGHTS & RESPONSIBILITIES**

- 1. You have the RIGHT to be charged the same fare as all other taxi passengers.**
- 2. You have the RIGHT to tip or not tip the taxi drivers.**
- 3. You have the RIGHT to get change back. If your fare is more than an even dollar amount, you can pay cash for the amount over the even dollar amount or provide an extra scrip ticket and get change back.**
- 4. You have the RIGHT to travel with a companion(s) and only pay one fare as long as all passengers are traveling from the same origin to the same destination.**
- 5. You have the RIGHT to use any participating taxi company you wish.**
- 6. You have the RIGHT to courteous and safe service.**
- 7. You have the RESPONSIBILITY to not lend, sell or give away your Taxi Scrip to anyone.**
- 8. You have the RESPONSIBILITY to use your Taxi Scrip before it expires. Check each booklet for expiration date. No refunds or exchanges will be given for expired scrip.**
- 9. You have the RESPONSIBILITY to not abuse the Taxi Scrip Program by making out-of-area trips, using the scrip for deliveries, or allowing someone else to use your scrip.**
- 10. You have the RESPONSIBILITY to keep track of your scrip - remember, it's the same as cash! If you lose your scrip, you will not be reimbursed.**
- 11. You have a RESPONSIBILITY to inform the Parks & Recreation Department office of any changes such as new address or telephone number, authorized buyer(s), your eligibility status, etc.**



## TAXI SCRIP PROGRAM APPLICATION

### Part I

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

- I am age 65 or older, or
- I have a disability (as defined in the attached 'Disabled Eligibility Guide'). The lower portion of this application (Part II) must be completed by a California licensed medical professional, or
- I am ADA certified in Napa County: ADA # \_\_\_\_\_  
*(provide a photocopy)*

Signature \_\_\_\_\_ Date \_\_\_\_\_

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### **Part II – (To be completed only by disabled individuals that are not at least 65 years old and are not ADA certified in Napa County.)**

*(To be completed by a licensed medical professional in the State of California)*

After reviewing the attached Disabled Eligibility Guide, the person named herein meets one or more of the eligibility criteria as set forth in Section number(s) \_\_\_\_\_ found in the Disabled Eligibility Guide and the condition is permanent/temporary (circle one). If temporary, provide length of time \_\_\_\_\_.

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*Print or type the name of Certifying Person*

\_\_\_\_\_  
*Signature of Certifying Person*

\_\_\_\_\_  
*Medical License Number*

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*Address*

\_\_\_\_\_  
*City, State, Zip*

\_\_\_\_\_  
*Phone*

**Return this form to:**

**City of American Canyon, Parks & Recreation Department  
100 Benton Way, American Canyon, CA 94503  
For additional INFORMATION call (707)648-7275.**



**TAXI SCRIP PROGRAM – SCRIP PURCHASE AUTHORIZATION FORM**  
**(To be completed by qualified taxi scrip participants that need others to purchase the tickets for them.)**

**Part I**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

I hereby authorize the following individual(s) to purchase my Taxi Scrip for me when I am unable to purchase these items myself. I understand that only the name(s) shown below may purchase Taxi Scrip on my behalf. I further understand that this form must be renewed every two years. If changes occur before my renewal is due, I am responsible for updating my Taxi Scrip Program Authorization Form.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Part II**

The individual(s) listed below have agreed to become an Authorized Buyer and acknowledge that they will show a photo ID when making a Taxi Scrip purchase on my behalf. Failure to offer their photo ID may possibly revoke their authorization status. The City of American Canyon is not responsible should the Authorized Buyer fail to deliver the purchased item(s) to the Eligible Buyer. Eligible Buyers and Authorized Buyers must provide their California Driver's License or California ID Card number and a local telephone number on personal checks when purchasing by US Mail or in person at the Parks & Recreation Department Office.

1. Name of Authorized Buyer \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

2. Name of Authorized Buyer \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

**Return this form to:**

**City of American Canyon, Parks & Recreation Department**  
**100 Benton Way, American Canyon, CA 94503**  
For additional INFORMATION call (707)648-7275