



EST.

1973

SACRAMENTO
REGIONAL TRANSIT

SacRT Flex Update

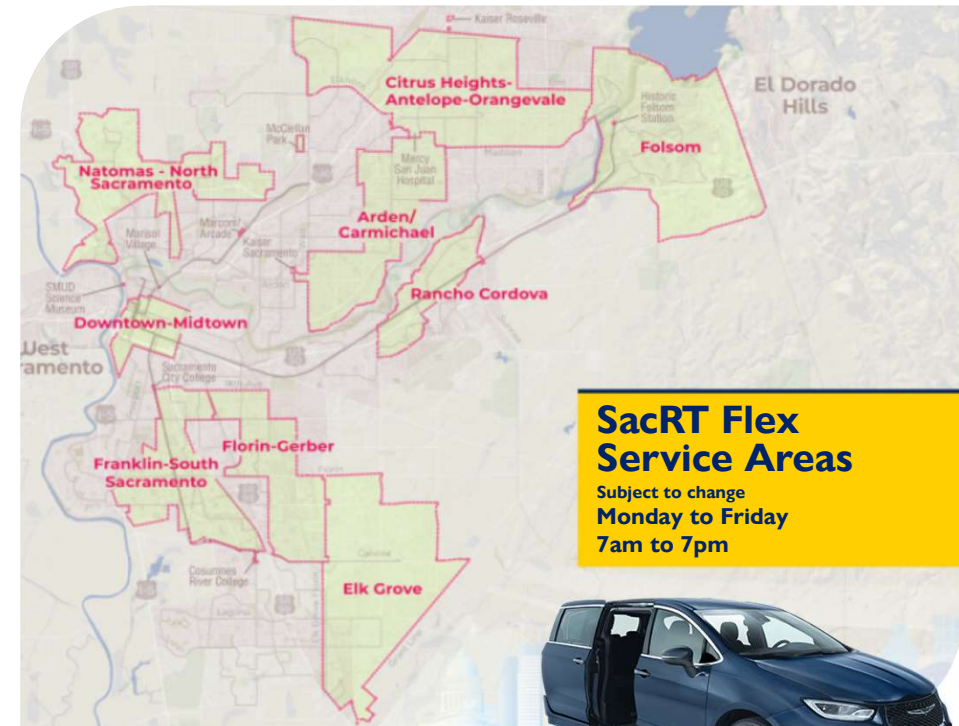
Wednesday, November 6, 2024

James Drake | jdrake@sacrt.com

sacrt.com/flex

SacRT Flex

- Demand response microtransit service
- Book by app or phone
- Same zones, days, and hours
- 100% accessible
- \$2.50 fare per trip
- Reservable in advance



Actual vehicle will have rear-entry lift

SacRT Flex Timeline

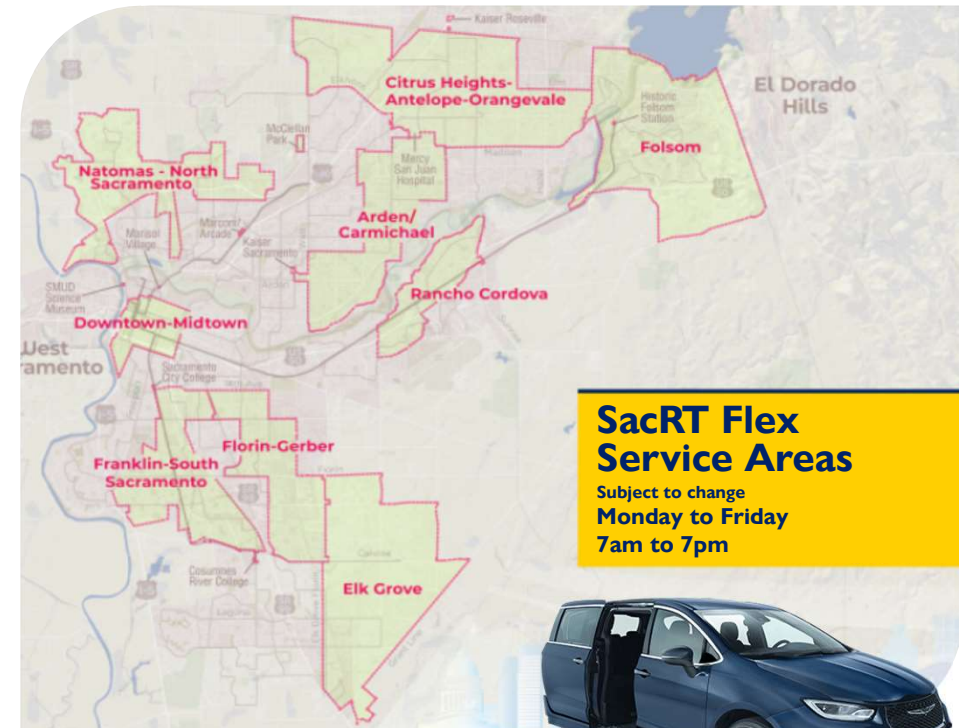


| Milestone | Date |
|-----------------------------|------------------|
| Begin customer registration | Monday 12/2/24 |
| Soft launch | Tuesday 12/17/24 |
| Last day of SmaRT Ride | Tuesday 12/31/24 |
| Full launch | Thursday 1/2/25 |
| End date (18-month pilot) | June 30, 2026 |

Subject to change

Customer Experience

- New name, new app
- New fleet (11 vans)
- Operated by Via (same as West Sac)
- \$2.50 fare per trip (no passes or discounts)
- Cash or credit/debit (through app)
- No Connect Card or ZipPass accepted
- Reservations must be made in advance



Actual vehicle will have
rear-entry lift

Fleet

- 11 standard passenger vans
- 100% accessible
- Three seats, one wheelchair space
- Rear-entry lift
- Child booster seats must be self-secured



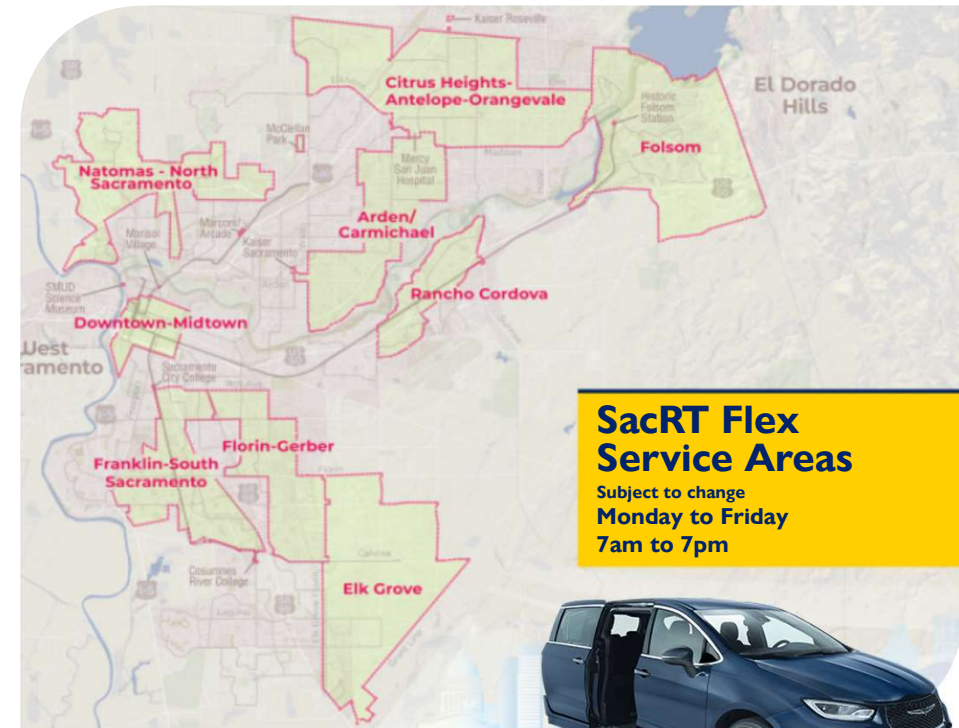
Via West Sacramento van
(Sacramento van may differ)



Example van with rear lift
Actual vehicle may differ and will be branded

Eligibility

- Customers must register in advance
- Must be low-income, individual with disability, or senior (age 62+)
- Online registration begins Tuesday, December 2, 2024

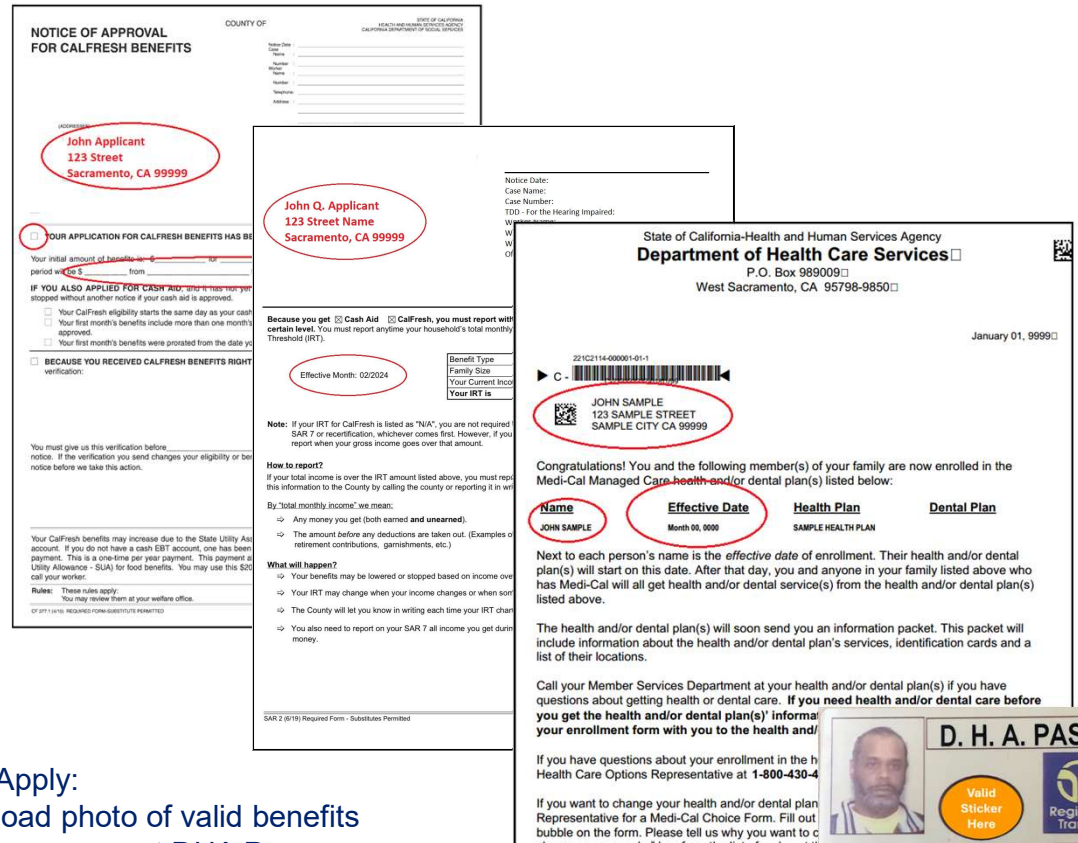


Actual vehicle will have rear-entry lift

Subject to change

Low-Income Proof of Eligibility

- CalFresh recipients (i.e., SNAP)
- CalWorks recipients (i.e., TANF)
- Medi-Cal recipients (i.e., Medicaid)
- General assistance recipients
- Dependent children



NOTICE OF APPROVAL FOR CALFRESH BENEFITS

APPLICANT: **John Applicant**
123 Street
Sacramento, CA 99999

YOUR APPLICATION FOR CALFRESH BENEFITS HAS BEEN APPROVED

Your initial amount of benefits is \$ from period ending on from

IF YOU ALSO APPLIED FOR CASH AID, this is how your pay stopped without another notice if your cash aid is approved.

Your CalFresh eligibility starts the same day as your cash aid.

Your first month's benefits include more than one month's approved.

Your first month's benefits were prorated from the date you started.

BECAUSE YOU RECEIVED CALFRESH BENEFITS RIGHT AWAY:

You must give us this verification before we can issue your benefits. If the verification you send changes your eligibility or benefits, we will take this action.

Your CalFresh benefits may increase due to the State Utility Allowance. If you do not have a cash EBT account, one has been set up for you. This is a one-time per year payment. This payment is for Utility Allowance - SUA) for food benefits. You may use this SUA for food benefits. You may use this SUA for food benefits. You may use this SUA for food benefits. You may use this SUA for food benefits.

Rules: These rules apply to you. You may review them at your welfare office. If you have questions, call your welfare office.

SAR 2 (01/19) Required Form - Substitutes Permitted

Notice Date: _____
Case Name: _____
Case Number: _____
TDD - For the Hearing Impaired: _____

John Q. Applicant
123 Street Name
Sacramento, CA 99999

Effective Month: 02/2024

Benefit Type: _____
Family Size: _____
Your Current Income: _____
Your IRT is: _____

Note: If your IRT for CalFresh is listed as "N/A", you are not required to report your IRT or certification, whichever comes first. However, if you report when your gross income goes over that amount.

How to report?
If your total income is over the IRT amount listed above, you must report this information to the County by calling the county or reporting it in writing.

By "total monthly income," we mean:
• Any money you get (both earned and unearned).
• The amount before any deductions are taken out. (Examples of deductions include retirement contributions, garnishments, etc.)

What will happen?
• Your benefits may be lowered or stopped based on income over the IRT.
• Your IRT may change when your income changes or when your IRT changes.
• The County will let you know in writing each time your IRT changes.
• You also need to report on your SAR 7 all income you get during the month.

SAR 2 (01/19) Required Form - Substitutes Permitted

State of California-Health and Human Services Agency
Department of Health Care Services
P.O. Box 989009
West Sacramento, CA 95798-9850

January 01, 9999

221C2114-000001-01-1

JOHN SAMPLE
123 SAMPLE STREET
SAMPLE CITY CA 99999

Congratulations! You and the following member(s) of your family are now enrolled in the Medi-Cal Managed Care health and/or dental plan(s) listed below:

| Name | Effective Date | Health Plan | Dental Plan |
|-------------|----------------|--------------------|-------------|
| JOHN SAMPLE | Month 02, 0000 | SAMPLE HEALTH PLAN | |

Next to each person's name is the *effective date* of enrollment. Their health and/or dental plan(s) will start on this date. After that day, you and anyone in your family listed above who has Medi-Cal will all get health and/or dental service(s) from the health and/or dental plan(s) listed above.

The health and/or dental plan(s) will soon send you an information packet. This packet will include information about the health and/or dental plan's services, identification cards and a list of their locations.

Call your Member Services Department at your health and/or dental plan(s) if you have questions about getting health or dental care. **If you need health and/or dental care before you get the health and/or dental plan(s) information, you need health and/or dental care before you get the health and/or dental plan(s) information.**

If you have questions about your enrollment in the health and/or dental plan(s), call your Health Care Options Representative at 1-800-430-4304.

If you want to change your health and/or dental plan, call your Health Care Options Representative for a Medi-Cal Choice Form. Fill out the bubble on the form. Please tell us why you want to change your health and/or dental plan.

D. H. A. PASS

Fredrick Jones

Valid Sticker Here

Regional Transit

Serial # 2485

To Apply:
Upload photo of valid benefits letter or current DHA Pass

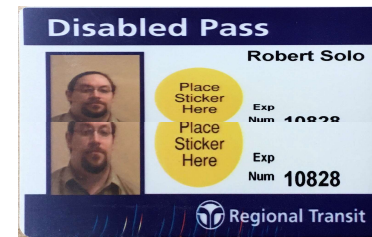
Subject to change

Disabled Eligibility

- Persons already certified for SacRT GO
- Persons with a SacRT Disabled ID
 - Apply in person at 1225 R Street
 - Includes SSI and SSDI
- DMV disabled person placard

Two ways to apply:

Option 1:



Upload a photo of your
SacRT Disabled ID

Option 2:



Upload a photo of you
DMV disabled placard

More Info:

<https://www.sacrt.com/fares/farecategories/>

Subject to change

Companions

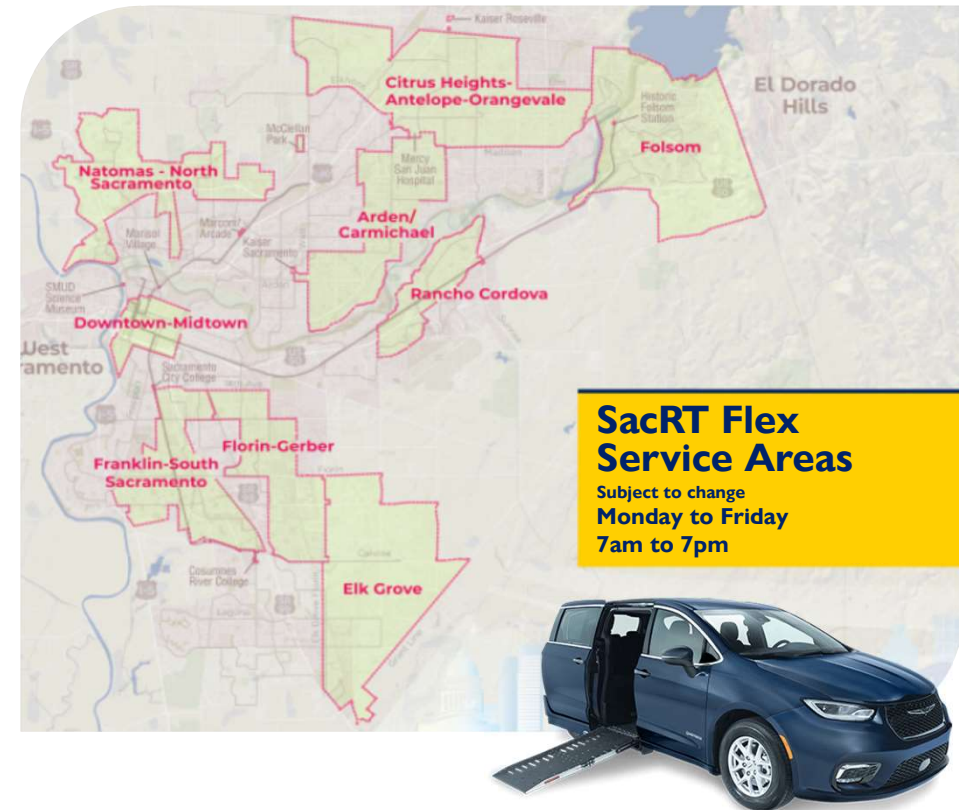
- One adult companion allowed
 - Must pay additional fare
- Youth ride free with parent/guardian
 - Unlimited number of child companions
- Companions need not be registered
- All companions subject to capacity



Subject to change

Minors/Youth

- Youth ride free with parent/guardian
- Youth aged 13 to 17 may ride alone
 - Parent/guardian must qualify as low-income; and
 - Must register under parent/guardian
- Qualified youth riding alone pay \$2.50 standard fare per trip
- Young children must be secured by parent in child car seat

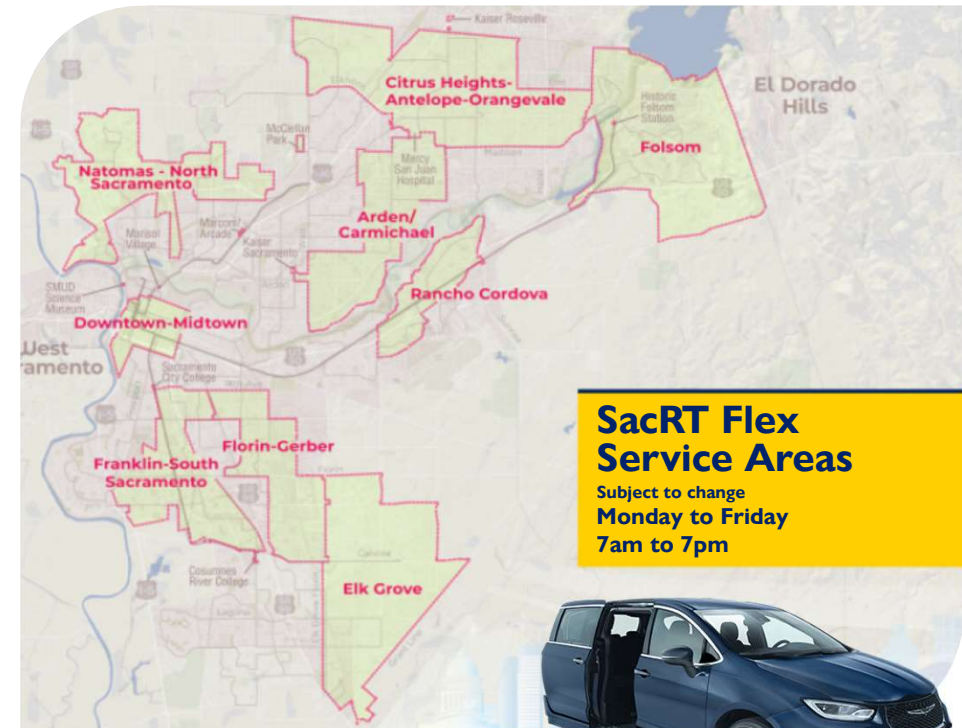


Subject to change

Actual vehicle will have rear-entry lift

Service Animals

- No additional charge for service animals
- Counts toward one seat in the vehicle

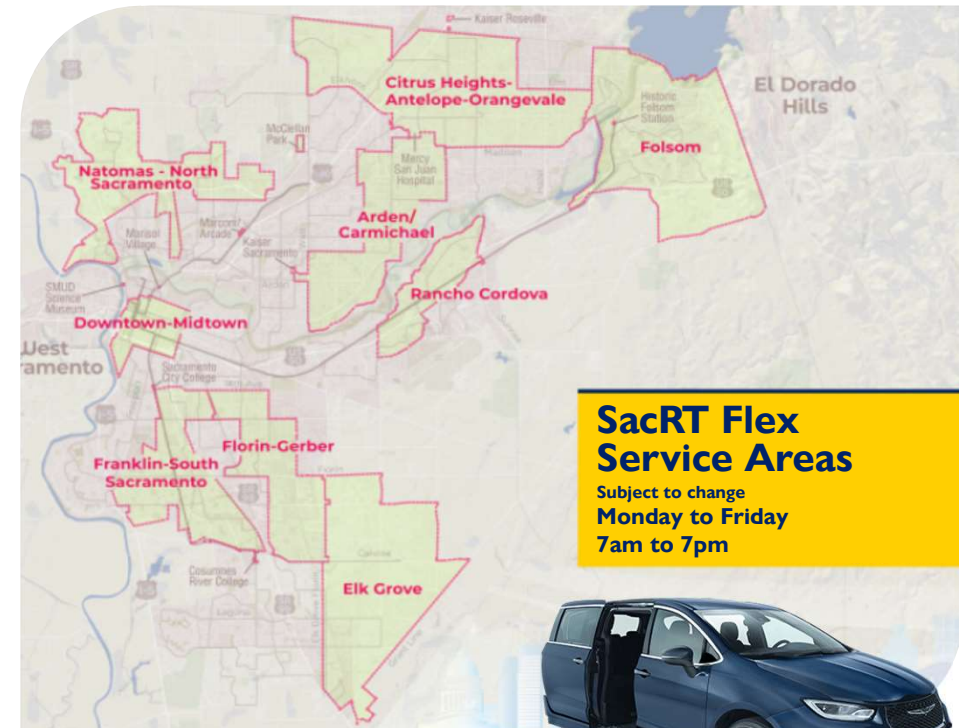


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Subject to change

Reservations

- Book-in-advance only (initially)
- Same-day/on-demand may be added later
- Trips may be requested two days prior and until 7 p.m. the day before
- Trip will be scheduled within +/- 15 minutes of requested time (if available)
- Customer notified 8 p.m. night before, 30m before, 5m before, and upon arrival

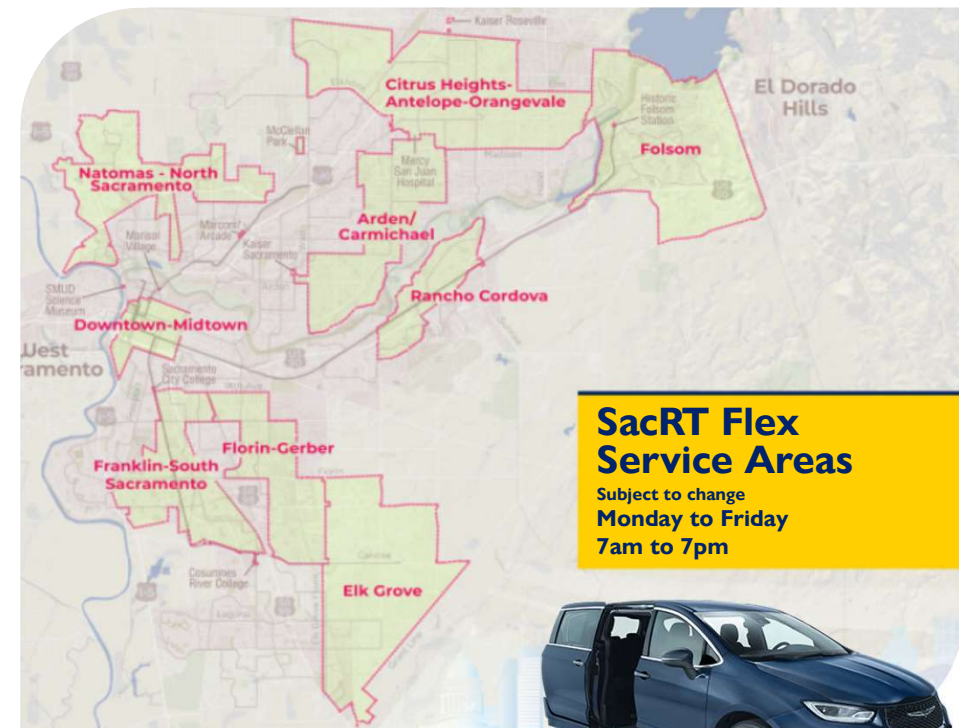


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Subject to change

Why the changes?

- Need to reduce cost (SB-125)
- Only \$800k per year of grants
- Reduces annual cost from \$8.4 to \$1.5 million
- Reduces cost per passenger from \$47 to \$16



Actual vehicle will have rear-entry lift

More Information:

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sacrt.com/flex