

➤ **EASY DOES IT**

MISSION STATEMENT

Easy Does It Emergency Services provides assistance to individuals with disabilities and the elderly living independently in the City of Berkeley. Should a disabled person or senior experience an unforeseen crisis or a temporary lapse in his or her own regular attendant care, transportation, or assistive equipment repair, that person can call upon Easy Does It for assistance at the time of need.

Easy Does It Emergency Services does not provide medical care, and if we are aware of a medical emergency, we will promptly contact appropriate medical

WE NEED YOUR FEEDBACK!

Call, email, or write us if you have a compliment, complaint, comment, or suggestion about our services.

We value your input!

Easy Does It Emergency Services

3271 Adeline St Unit B
Berkeley, CA 94703

Office Line: 510-845-5513

Emergency Line: 510-704-2111

Fax: 510-845-2115

info@easydoesitservices.org

www.easydoesitservices.org



**Easy Does It
Emergency Services**

**REDUCED COPAY
PROGRAM**



FOR EMERGENCY SERVICE CALL:

(510) 704-2111

REDUCED COPAY

PROGRAM >>>>>

BREAKING NEWS!

Easy Does It Emergency Services (EDI) is instituting a Reduced Copay Program to help with the cost of attendant and transportation services. Qualifying is based on the federal poverty guidelines. Income verification required. EDI is a safety net for the disabled and the elderly communities in Berkeley; we would like to make these services more accessible to lower income individuals.

THE LOGISTICS

Individuals who qualify will have a copay of \$7.50/hour for attendant care, assistive device repair and emergency transportation as opposed to the current rates of \$15/hour.

Please mail, fax, or email your application and supporting documents to start using the reduced copay.

EDI Reduced Copay Program Application

Client Information

Name: _____ Phone: () _____

Address: _____ City/State/Zip: _____

Number of persons in household: Adults ____ Children (under 18) ____

Total Annual Household Income \$ _____

Income Certification

Indicate below the source of information used to verify this information.

Reminder: You must submit a copy of these documents to be eligible for the program.

- CalWorks Payroll Stubs Bank Statement Food Stamps
 Medi-CAL Tax Return (most recent return) Other (please explain):

Self certified. Please explain: