



The CONNECT Program is available to individuals experiencing homelessness in San Francisco. The CONNECT Program provides eligible customers with the option receive services at participating non-profits in lieu of citation payment.

ELIGIBILITY

- 1) You are currently experiencing homelessness in San Francisco
- &
- 2) You have contacted one of San Francisco’s Access Points in the last six months. Access Points provide valuable services to people experiencing homelessness.

If you have not contacted one of the City’s Access Points, you may still qualify for an Access pass by working with one of the Access Points now. Call 415-487-3300 x7000, or email sfmtacsp@jbrpartners.com.

How to Enroll:

- 1. Complete Part One and Part Two of this application.
- 2. Mail or drop off this application at the SFMTA Customer Service Center at 11 South Van Ness Avenue, San Francisco, CA 94103.
- 3. Call JBR Partners, 415-829-7073 or 415-655-9891, for details on where and how to receive services specific for people experiencing homelessness. You must complete this step within 14 days or your plan will be cancelled.
- 4. Complete your service hours and submit the required paperwork to JBR Partners by the completion date.
- 5. If applicable, remit payment for incomplete community service hours to SFMTA Customer Service Center before the completion date.

PART ONE – To be completed by the participant.

First and Last Name: _____ Phone: _____

Address: _____

Email Address: _____ Date of Birth: _____

City, State, ZIP: _____

Driver License State & Number: _____ Vehicle License Plate State & Number: _____

PART TWO*

I have read and understood the terms and conditions of the Community Service Program on the back of this contract. SFMTA and JBR’s (the 3rd party that runs the program) rules and conditions listed on page 2.

Signature: _____ Date: _____

PART THREE – To be completed by SFMTA staff.

Number of Citations Enrolled: _____ Total Citation Amount Enrolled: \$ _____ Service Hours Required: _____

Total Weeks: 18 Required Completion Date: _____

Plan Number: _____ Clerk Initials: _____



SFMTA Rules and Conditions

1. There is no enrollment fee for the CONNECT Program
2. Participant must present a valid government issued I.D.
3. Only the Registered Owner may enroll in the CONNECT Program
4. DMV registration hold will not be removed until service hours are completed.
5. If participants are unable to complete their service hours in the time period required, the balance owed shall be paid directly to the SFMTA by the due date on the contract
6. Late penalties will be waived upon enrollment
7. This is a one time offer. Enrollment in a second plan will be enrolled in a standard Community Service Plan
For more information visit SFMTA.com/communityservice

JBR Partners

Rules and Conditions – CONNECT Program

1. I agree to perform and complete my CONNECT Program hours in San Francisco at a non-profit service site approved by SFMTA Community Service Program.
2. I am not an employee or affiliated with the community service/ non-profit site in any way, nor do I have any relationship with the individuals/organization that will be approving the community service credit.
3. I will not consume alcohol or use drugs before or during service hours.
4. I agree to inform JBR immediately and request reassignment, if I find I cannot receive my services selected due to a medical condition or physical limitation.
5. A change in community service site/sites must be approved by a JBR representative. Without approval, any hours completed may not be accepted.
6. I understand that because I am not an employee of the SFMTA Community Service Program or of the community service site, I will not be covered by insurance for any injury/injuries received on this assignment. I understand I have no right to claim compensation for any accident and/or injury from SFMTA Community Service Program service site I am assigned to, or any of their officers, agents, or employees. I waive all claims against the SFMTA Community Service Program, JBR Partners, Inc., its officers and employees for any injury, loss or damages that may result in my participation within the program

*By signing this form, I give permission to HSA& HSH to share limited income information with SFMTA and its towing contractor, AutoReturn, to help determine whether I may qualify for a fee waiver. My information shall be shared only as needed for those purposes. I understand that this database can only show my name, date of birth, and whether my household income falls within certain percentages of federal poverty guidelines based on information I have previously provided to HSA.

Updated 10.4.23

SFMTA.com

311 Free language assistance / 免費語言協助 / Ayuda gratis con el idioma / Бесплатная помощь переводчиков / Trợ giúp Thông dịch Miễn Phí / Assistance linguistique gratuite / 無料の言語支援 / Libreng tulong para sa wikang Filipino / 무료 언어 지원 / การช่วยเหลือทางด้านภาษาโดยไม่เสียค่าใช้จ่าย / خط المساعدة المجاني على الرقم