

**PLEASE NOTE**

1. The Center is unable to provide wheelchairs or other medical equipment for personal use. Please bring what you need. For information on local equipment rentals, please see the bottom of this sheet. The suppliers will deliver items to your hotel, motel, or to the Event Site as you wish.
2. You may request seating for one companion by checking the appropriate box. Companions must be able to attend to all the Special Needs guest's needs including using the restroom. Either male or female companion may accompany the SN guest into the companion restroom. Please do not expect this service from sevadars. Companions must remain with the Special Needs guest at all times and must be able to attend to their needs. Additional family members/friends must enter and sit with the general sangat.
3. Please bring your 2022 Special Needs Pass with you to each Satsang Program. Those who come without a 2022 Special Needs Pass will have to stand in line at the Special Needs entry to receive a seating pass.

**WHEN AND HOW TO APPLY**

1. **You must apply every year for a Special Needs Access Card and Parking Pass** if you wish to attend any Satsang Program where the Master will be present. Please complete the Application Form and return it to your Secretary who will review it for readability/accuracy, sign it, and forward it to the Special Needs sevadar at the Satsang Program center. If you are not affiliated with a satsang, please submit your application directly to the Satsang Program center as instructed for secretaries below.
2. **If you have other questions**, please call the Special Needs sevadar at 707-780-2508. **Applications filed after the final cut-off date** (15 days prior to the event) **will not be processed**. If you do not have a valid seating pass you must enter through the General Security Check Point and sit with the general sangat or stand in line at the Special Needs entry to obtain a Special Needs seating pass.
3. **For Secretaries and those without a local satsang:** Email the application to [specialneeds.wr@gmail.com](mailto:specialneeds.wr@gmail.com).

**STATE HANDICAPPED PLACARD AND MOBILITY-IMPAIRED PARKING RULES**

Those with State Handicapped Placard/Plate or a Mobility-Impaired Parking Pass or a Seating Pass may be dropped off at the Main Hall along with their medical equipment and companion. Others in the car must enter through the main security check-points. Petaluma honors all of the states' handicapped placards.

**OTHER CONCERNS**

1. The Center will not provide any medications or prescriptions for medications. Those requiring medications or special diets and those with diabetic condition, blood sugar or allergy issues are asked to bring an ample supply of what they need to deal with their condition.
2. The Petaluma site is quite large with walking distances up to ¼ mile. Those needing assistance walking such distances, are requested to bring their own cane, scooter, walker, rollator or wheelchair.
3. Certified Service Animals are permitted. No Emotional Support Animals allowed.
4. Please check the website: [www.petalumaprogram.org](http://www.petalumaprogram.org) for last minute updates.

**Wheelchair rental in Petaluma area** – It is recommended to call to arrange for rental before you arrive.

**Norcal Medical Supply**

620 Petaluma Blvd. North, #A  
Petaluma, CA 94952  
707-769-9606

**Sonoma Surgical Supply**

4975 Sonoma Highway, CA-12  
Santa Rosa, CA 95409  
707-539-5151

**Redwood Empire Med Supply**

6620 Redwood Drive  
Rohnert Park, CA 94928  
707-585-6800

**SEATING PASS AND/OR MOBILITY-IMPAIRED PARKING PASS**

To obtain Special Needs seating and/or Mobility-Impaired Parking Passes for events during 2022, **please answer every question and return your completed application to your local Secretary by 15 days before the program.**

**APPLICANT INFORMATION – PLEASE PRINT CLEARLY**

First Name: \_\_\_\_\_  Male  Female Birth Year: \_\_\_\_\_

Last Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ -- \_\_\_\_\_

City: \_\_\_\_\_ Email: \_\_\_\_\_

State and Zip: \_\_\_\_\_ *Please print email address clearly.*

Country: \_\_\_\_\_ Sangat: \_\_\_\_\_

**SPECIAL NEEDS SEATING – PLEASE RESPOND TO EVERY STATEMENT**

- I request wheelchair transport from the entrance to the seat: Yes  No
- I will be sitting in my own, or a rental, wheelchair that I will bring with me: Yes  No
- I will bring a companion with me: Yes  No
- I will bring an oxygen canister for my use: Yes  No
- I will bring a Certified Service Animal: Yes  No

**CHOOSE ONLY ONE** – I will be using a:  Walker;  Rollator Walker;  Cane(s);  Crutches;  No walking aid required; or  I prefer to sit with the general sangat

**CHOOSE ONLY ONE OF THE FOLLOWING** – (Simultaneous Translation is also available in General Sangat seating)

- Simultaneous translation (with volume control) into English
- Simultaneous translation (with volume control) into Spanish
- Hearing assistance (increased volume only, NO TRANSLATION)
- American Sign Language translation or Closed Captioning in English only

Other aids and/or accommodations or services I will need that are not covered above: \_\_\_\_\_

**HANDICAPPED PARKING AND SHUTTLE SERVICE – PLEASE CHOOSE ONLY ONE OF THESE THREE OPTIONS**

- I will be arriving by bus, taxi or Uber/Lyft and will need shuttle service from the parking lot to the Hall Entrance.
- I have a valid DMV placard from the state of \_\_\_\_\_
  - I am driving myself and bringing my own wheelchair. Yes  No
  - I am being transported to the Event site in a wheelchair. Yes  No
- I **do not** have a valid DMV placard. I have trouble walking and need a Mobility Impaired Parking Pass.

*By signing this application form I consent to processing by RSSB-A, RSSB and Science of the Soul®-America and its affiliated societies of the personal data on this application form, to the use of this data to the extent necessary to achieve the purpose of this application and consent to receive email (Please refer to the privacy policy concerning personal data at www.rssb.org). Also, my signature indicates my AGREEMENT to the rules and policies regarding this event:*

**Applicant's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Secretary's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Secretary's printed name:** \_\_\_\_\_ **Contact (phone or email):** \_\_\_\_\_