

CITY OF GLENDORA MINI-BUS

Pride of the Foothills

DIAL-A-RIDE SUPPLEMENTAL APPLICATION FORM

Please mail or deliver application to:
Glendora Transportation Center
410 E. Dalton Avenue, Glendora, CA 91741

PLEASE NOTE: Application approval can take up to one week after application is received in our office.

Name: _____ Date of Birth: _____ Male Female

Please describe your disability and how it prevents you from using regular public transit services:

My disability is: Permanent Temporary—Length of disability: _____ month(s) Unsure

I use the following mobility device(s): Walker Wheelchair Cane Scooter

Other (Please Explain): _____

Do you travel with a Personal Care Assistant (PCA)? No Yes Sometimes

Type of assistance they provide: Physical Cognitive Both

How do you currently travel? Bus Taxi Someone drives me Other: _____

Does your disability change from day to day in a way that makes it difficult to use public transit?

No Yes (Please Explain): _____

Have you ever taken public transit independently before? No Yes

Are you able to locate the appropriate public transit routes to complete your trip?

Yes No (Please Explain): _____

Are you able to independently get to and from a public transit stop?

Yes No (Please Explain): _____

Are you able to independently transfer between public transit routes to reach your destination?

Yes No (Please Explain): _____

Are you able to get on an off the fixed route bus if there is a lift or ramp?

Yes No (Please Explain): _____

Have you ever received travel or mobility training to help you understand and use public transit?

Yes No

Is there any additional information you would like to share regarding your disability that prevents you from using public transit independently?

APPLICANT SIGNATURE: _____ DATE: _____

TO BE FILLED OUT BY YOUR PHYSICIAN:

Physicians Information

Name: _____ Phone Number: _____

Business Name: _____

Business Address: _____

Please describe what prevents the applicant from using regular transit service:

I CERTIFY THAT I AM A LICENSED PHYSICIAN OF THE STATE OF CALIFORNIA, HAVE KNOWLEDGE OF THIS APPLICANT, AND RECOMMEND THAT THE APPLICANT IS APPROVED TO USE THE GLENDORA DIAL-A-RIDE SERVICE.

PHYSICIANS SIGNATURE: _____ DATE: _____

PLEASE MAKE SURE ALL FIELDS ARE COMPLETE SO THAT THERE IS NO DELAY IN THE PROCESSING OF YOUR APPLICATION. IF YOU HAVE ANY QUESTIONS PLEASE DO NOT HESITATE TO CONTACT THE TRANSPORTATION DIVISION AT (626) 852-4814.