CITY OF GLENDORA, TRANSPORTATION DIVISION

DIAL-A-RIDE REGISTRATION

PERSONS WITH DISABILITIES (UNDER AGE 62)

If you are under 62 years of age, you must complete this registration form and have it verified by a physician to indicate that you are not able to independently use regular fixed route transit (Foothill Transit, Metro, etc.).

PLEASE CHECK ONE: ☐ New application ☐ Change of information

GENERAL INFORMATION

Name:________________________________ Date of Birth:__________ ☐ Male ☐ Female

Address:____________________________________ Apt/Unit #:_____ ZIP Code: ________

Type of Residence: ☐ House ☐ Apartment ☐ Senior/Retirement Complex ☐ Board & Care

Home Phone:____________________________ Cell Phone:____________________________

E-Mail:____

Would you like to enroll in text message reminders about your scheduled rides? ☐ Yes ☐ No

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

____

____

My disability is:

☐ Permanent ☐ Temporary – Duration:_____ months ☐ Unsure

I use the following mobility device(s) (Check all that apply):

☐ Cane ☐ Walker ☐ Wheelchair ☐ Scooter ☐ Other (please explain below):

____

Do you travel with a care companion?

☐ No ☐ Yes ☐ Sometimes

Type of assistance they provide: ☐ Physical ☐ Cognitive ☐ Both

How do you currently travel? ☐ Bus ☐ Taxi/Uber/Lyft ☐ 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? ☐ Yes ☐ No

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 and 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

Please use the space below to share any additional information you would like to share regarding how your disability prevents you from using public transit independently:

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EMERGENCY CONTACT INFORMATION

Name:____________________ Relationship:__________ Phone #:__________

Applicant Signature:______________________________ Date:__________

TO BE FILLED OUT BY YOUR PHYSICIAN:

Physician's Information

Name:______________________________ Phone Number:__________

Business Name:______________________________

Business Address:______________________________

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

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

Physician's Signature:______________________________ Date:__________

Please check that you included the following documents with your application:

☐ Picture I.D. with date of birth ☐ Proof of address, such as a utility bill or bank statement

Submit application and supporting documents to:

Transportation@CityofGlendora.gov OR 410 E Dalton Ave, Glendora, CA 91741

OFFICE USE ONLY: ☐ I.D. ☐ Address verified ☐ Supplemental Registration approved

Processed by:______________________________ Date:__________