



Arcadia Transit DIAL-A-RIDE

Transportation for Seniors & Persons with Disabilities

APPLICATION

Please Check One:

- New Applicant
- Renewal
- Lost Card

Submit the following to process registration:

- 1) Completed Application
- 2) Copy of identification with your date of birth
- 3) Copy of utility bill, or government official letter with name and address, or other acceptable document
- 4) Physician's Verification (only if under 62 years old)

Submit by Mail: Arcadia Transit, P.O. Box 60021, Arcadia, CA 91066

Submit in Person: Community Center—365 Campus Drive

City Library—20 W. Duarte Road

City Hall (Engineering) — 240 W. Huntington Drive

Name: _____ Date of Birth: _____ Male Female

Address: _____ Apt.# _____ City _____ ZIP _____
(Required a proof of residency such as utility bill, government official letter, rental lease contract, etc.)

Phone: _____

Age: 62 or + Under 62 with a disability—Provide Type of Disability _____

Do you have Access Service card? Yes No

Do you use the following?

Walker Cane Manual Wheelchair Electric Wheelchair Escort Required Service Animal

Do you speak the following language?

English Chinese Spanish Other _____

EMERGENCY CONTACT INFORMATION:	
Contact: _____	Relationship: _____
Phone: _____	

I assume full responsibility for and release the City of Arcadia from any liability for my safety and well-being before I board and after I exit the Arcadia Transit Dial-A-Ride.

SIGNATURE: _____ DATE: _____

- ◆ Arcadia Transit Dial A Ride service is for Arcadia residents who are also seniors 62 years and over OR under 62 years with a physical, psychological or developmental disability certified by a physician.
- ◆ This is a curb-to-curb, demand response, SHARED Ride service, and is available for travel within the City of Arcadia city boundaries.
- ◆ Please contact Transportation Services at (626) 574-5435 or ArcadiaTransit@ArcadiaCA.gov for additional questions.



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PHYSICIAN'S VERIFICATION

(Only for disabled applicants under 62 years old)

This section must be completed by an authorized California Physician

Applicant's Name: _____ Date of Birth: _____

Address: _____ Apt.# _____ City _____ ZIP _____

Phone: _____

Indicate one or more of the following disabilities that prohibits the applicant from boarding and alighting regular public transit:

Legally blind Developmentally disabled

Other. Explain disabilities: _____

Does patient have an Access Service card? Yes No

Duration and Degree of Disability:

The patient's disability is: Permanent Temporary

If Temporary, please indicate the length of disability:

2 months 4 months 6 months (After 6 months, physician's re-verification is required)

Does the applicant require a self-provided escort? Always Sometimes Not Required

Physician's Information:

Physician's Name: _____ License No.: _____

Business Address: _____

City: _____ St. _____ Zip: _____ Phone: _____

I hereby certify that I am a licensed physician of the State of California, have knowledge of this applicant, and recommend that the applicant be certified to use the Arcadia Transit Dial-a-Ride because of the aforementioned disability .

PHYSICIAN'S SIGNATURE: _____ DATE: _____