



# 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) Physician's Verification (only if under 62 years old)

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

Submit in Person: Senior Center—375 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 \_\_\_\_\_

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 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](mailto:ArcadiaTransit@ArcadiaCA.gov) for additional questions.



# Arcadia Transit DIAL-A-RIDE

Transportation for Seniors & Persons with Disabilities

## 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: \_\_\_\_\_

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: \_\_\_\_\_