

# 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:**

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**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?**

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**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:**

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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:** \_\_\_\_\_

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**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.**