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.).

GENERAL INFORMATION

Name: _____ DOB: _____ ☐ Male ☐ Female

Address: _____ Apt/Unit #: _____ ZIP code: _____

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

Home Phone: . Cell Phone: . .

Email Address: _____

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

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

_____

My disability is: ☐ Permanent ☐ Temporary- Duration: . .months

I use the following mobility device(s): Please check all that apply.

☐ Cane ☐ Walker ☐ Wheelchair ☐ Scooter ☐ Other (explain): _____

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 ☐ Relative/Friend ☐ Other:

Does your disability change from day to day in a way that makes it difficult to use public transit? ☐ No ☐ Yes (If yes, please explain): _____

Have you ever taken public transit independently before? ☐ No ☐ Yes

Are you able to locate the approporiate 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 intended 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 regarding how your disability prevents you from using public transit independently: _____

_____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Phone Number: _____

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 services:

_____

_____

_____

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 ELIGIBLE TO USE THE GLENDORA DIAL-A-RIDE SERVICE.

Physician's Signature: _____ Date: _____

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

- ☐ Picture ID with date of birth
- ☐ Proof of address, such as 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

☐ Identification Verified ☐ Address Verified ☐ Supplemental Registration

Processed by: _____ Date: _____

CITY OF GLENDORA
RECREATION AND HUMAN SERVICES DEPARTMENT
410 E. Dalton Ave. | (626) 914-8228
Transportation@CityofGlendora.gov