



City of El Monte Dial-A-Ride Application

-For Office Use Only-

Card Number: _____

Temp Date: _____

Type: Senior Disabled PCA Escort

Please Print

Name: _____ Date of Birth: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Gender: Male Female

<i>I use the following:</i>	<i>I have difficulty:</i>	<i>My disability is:</i>
<input type="checkbox"/> Walker <input type="checkbox"/> Cane/crutches <input type="checkbox"/> Manual wheelchair <input type="checkbox"/> Power wheelchair <input type="checkbox"/> Power Scooter <input type="checkbox"/> Service animal	<input type="checkbox"/> Going places alone <input type="checkbox"/> Seeing <input type="checkbox"/> Standing/Walking <input type="checkbox"/> Hearing <input type="checkbox"/> Understanding directions <input type="checkbox"/> Communicating	<input type="checkbox"/> Legally Blind / Visually impaired <input type="checkbox"/> Mental/Neurological disorder <input type="checkbox"/> Amputation/anatomical disorder <input type="checkbox"/> Other: _____ _____ _____

Primary Language: English Spanish Other _____

Do you have a Access Paratransit card: Yes No

Permanently

Temporary Expiration Date: _____

Emergency Contacts:

Name: _____ Relationship: _____

Phone No.: (____) _____ Other: (____) _____

Name: _____ Relationship: _____

Phone No.: (____) _____ Other: (____) _____

Assignment of Responsibility

I understand that El Monte Dial- A-Ride provides "curb-to-curb service" only. Therefore, I assume full responsibility for and release the City of El Monte from any liability for my safety and well-being before I board and after I exit the Dial-A-Ride vehicle.

I am able to care for my own safety and well being without the regular assistance of a personal care attendant.

I must have a personal care attendant accompany me at no charge every time I ride the El Monte Dial-A-Ride vehicles.

Continued on reverse →

Please read and sign below

I understand that the information provided by me is to establish eligibility for the Dial-A-Ride Program. I hereby certify that the information on this form is true and correct to the best of my knowledge. I understand that misrepresentation on this application or to obtain service may result in denial of El Monte Dial-A-Ride services.

I understand that the information I have provided will be treated as confidential. I grant permission to share my information with the transportation provider(s) that relates directly to my travel needs.

Signature: _____

Date: _____

- This Section For Office Use Only -

PCA for: _____ PCA is: _____

Escort for: _____ Escort is: _____

DAR Called: (date/time) _____

Date Issued/logged: _____

Please take this application to:

**CITY OF EL MONTE
TRANSPORTATION SERVICES DIVISION
(DIAL-A-RIDE PROGRAM)**

3990 Arden Drive

El Monte, CA 91731-2603

Office Hours: Monday – Thursday,
6:00 A.M. – 4:00 PM

(626) 580-2217 office

(626) 580-2238 fax