Physician's Verification for El Monte Dial-A-Ride Eligibility

Note To Certifying Physician:

In order to certify individuals as disabled eligible you must:

- Agree to only certify, as eligible, those individuals who meet or exceed the criteria for disability as established by Social Security Administration
- Agree, upon request, to provide verification of the information provided.

To be completed by an authorized California Physician

- Please Print -

Patient/Applicant:_____

Patient is □ **Permanently Disabled**

□ **Temporary Disabled until (must specify)** _____

Physician's Name: _____ **State License #:**_____

Address: _____ **City** _____ **Zip**_____

Office Manager: _____ **Phone: (_____)** _____

I hereby certify that I am a legally licensed physician of the State of California and have personal knowledge of this applicant. I recommend that the applicant be certified to use the City of El Monte Dial-A-Ride because of the following disability: (please be specific)

_____

_____

The disability prevents the applicant from using regular public transit services because

_____

_____

_____

Physician's Signature: _____ ***Date :*** _____

Please attach physician's business card here

Return this form to:

CITY OF EL MONTE
DIAL-A-RIDE PROGRAM
3990 Arden Drive
El Monte, CA 91731-2603
(626) 580-2217
(626) 580-2238 fax

- Office use only -

Information verified by: _____

Date: _____ *Time:* _____

Contact: _____

*Approved by:*_____