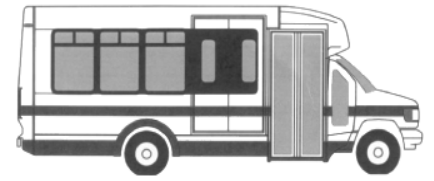




DIAL-A-RIDE APPLICATION



Mail or deliver to: Downey Dial-A-Ride,
8150 Nance Street, Downey, CA 90241

- ▶ **Complete Application**
- ▶ **Copy of identification with your date of birth and residential address**
- ▶ **Physician's Verification: Side 2 of Application (only if under 65 yrs old)**

SIDE 1:

Name: _____ Date of Birth: _____ Male Female
 Address: _____ City: Downey Zip Code: _____ Apt. #: _____
 Type of Residence: Individual Retirement/Senior Home Board & Care
 Phone/Home: (____) _____ Cell: (____) _____
 Email: _____
 Name of Living Facility: _____ Facility Phone Number (____) _____

My Age: I am 65 years or older I am under 65 years of age (with a disability)
 I am legally blind: Yes No
 I always use: Walker Manual Wheelchair Electric Wheelchair Service Animal
 I sometimes use: Walker Manual Wheelchair Electric Wheelchair Service Animal
 I have: Cognitive Issues Hearing Impairment Difficulty Communicating
 I require a self-provided escort: Always Sometimes (Conditional escort) Never
 Other _____
 I speak: English Spanish Korean Tagalog Other _____

EMERGENCY CONTACT INFORMATION

| | |
|---------------------|---------------------|
| Contact 1: _____ | Contact 2: _____ |
| Relationship: _____ | Relationship: _____ |
| Phone/Home: _____ | Phone/Home: _____ |
| Cell: _____ | Cell: _____ |
| Email: _____ | Email: _____ |

I, the signatory below, understand that I have voluntarily decided to participate in the Dial-A-Ride program at my own risk. By participating in the Dial-A-Ride Program, I, hereby waive, release, and discharge any and all claims for damages for personal injury, death, communicable diseases, illness, virus, or property damage which myself has, or which may hereafter accrue to myself, as a result of my participation.

I understand that the aforementioned activity is sponsored by the Department of Parks and Recreation and that the transportation will be only in vehicles properly insured and authorized. I further agree for myself, my heirs, administrators, executors, and assigns, to indemnify, defend and hold harmless the City of Downey, its officers, employees, volunteers, agents and other participants, any and all of the claims, demands, liability, causes of action and damage arising out of or being the result of this program.

Signature: _____ Date: _____

IF YOU ARE UNDER 65 YEARS OF AGE YOU MUST HAVE YOUR PHYSICIAN COMPLETE SIDE 2



DIAL-A-RIDE APPLICATION
PHYSICIAN'S VERIFICATION
(Only required for applicant's under 65 years old)

SIDE 2 (Under 65): 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 prohibit the applicant from boarding and alighting regular public transportation:

- Legally Blind Kidney Disease Developmentally Disabled
- Impaired by class III or class VI type cardiovascular disease as defined by the American Heart Association.
- Suffers from lung disease such that measured force respiratory volume for one second is less than 1L or arterial oxygen tension is less than 60mm/Hg on room air at rest.
- Other—Explain disabilities in detail: _____

DURATION AND DEGREE OF DISABILITIES

The disability is: Permanent Temporary

If temporary, please indicate the length of disability:

- 1—2 months 2—4 months 4—6 months (*After 6 months, physician's re-verification is required.)

PHYSICIAN'S INFORMATION

Physician's Name: _____ License Number: _____

Business Address: _____

City: _____ Zip Code: _____ 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 City of Downey DIAL-A-RIDE because of the aforementioned disability which prevents the applicant from using regular transit services. (Example: Metro, DowneyLINK, etc.)

Physician's Signature: _____ Date: _____

If you have any questions, call the DIAL-A-RIDE administration office at **(562) 904-7215**.

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