

# DIAL-A-RIDE APPLICATION



CITY OF SIERRA MADRE  
Community Services Department  
232 W. Sierra Madre Blvd.  
Sierra Madre, CA 91024  
(626) 355-5278 Fax (626) 921-5558\*702  
[www.cityofsierramadre.com](http://www.cityofsierramadre.com)

## PHYSICIAN'S VERIFICATION OF ELIGIBILITY APPLICATION FORM (For disabled applicants under 62 years of age)

PATIENT NAME		PATIENT PHONE NUMBER	
PHYSICIAN NAME		STATE LICENSE NUMBER	
BUSINESS ADDRESS		CITY	ZIP
BUSINESS PHONE NUMBER		BUSINESS EMAIL	

**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 SIERRA MADRE DIAL-A-RIDE SERVICE.**

PHYSICIAN SIGNATURE	DATE
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NOTE: IF TEMPORARY DISABILITY, GIVE THE EXPECTED DATE OF RECOVERY:

PLEASE RETURN FORM TO:  
CITY OF SIERRA MADRE, COMMUNITY SERVICES DEPARTMENT, DIAL-A-RIDE – 232 W. SIERRA MADRE BLVD. SIERRA MADRE, CA 91024  
*Creating a Healthy Community through People, Parks and Programs*

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## BASIC INFORMATION

APPLICANT NAME		DATE OF BIRTH
APPLICANT ADDRESS (MUST BE A SIERRA MADRE RESIDENT)		
DAYTIME PHONE (      )	EMAIL	

## DIAL-A-RIDE VERIFICATION

<input type="checkbox"/> A Senior Citizen (62 or older). A copy of the applicant's birth certificate, Medi-Cal Card, MTA card, passport, DMV card or other government documentation showing applicants date of birth.	<input type="checkbox"/> Having a physical, psychological, developmental disability or a Record of such Disability. A copy of the applicant's MTA disabled ID card or written statement from a medical doctor on the City provided form and if your disability is temporary, an anticipated recovery date.
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## MARK ALL ACTIVITIES APPLICANT HAS DIFFICULTY WITH

<input type="checkbox"/> Walking	<input type="checkbox"/> Crossing Streets	<input type="checkbox"/> Going Places Alone
<input type="checkbox"/> Hearing	<input type="checkbox"/> Using Stairs	<input type="checkbox"/> Other
<input type="checkbox"/> Seeing	<input type="checkbox"/> Reaching / Grasping	<input type="checkbox"/>

## MARK ANY MOBILITY DEVICE APPLICANT MAY USE

<input type="checkbox"/> Braces	<input type="checkbox"/> Crutches	<input type="checkbox"/> Walker
<input type="checkbox"/> Cane / White Cane	<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Other

I declare, under penalty of perjury, under the laws of the State of California that the responses I have given are true.

APPLICANT SIGNATURE	DATE
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