



**City of El Monte
DIAL-A-RIDE APPLICATION**

Card Number: _____
Type: PCA Escort Senior Disabled

Please Print

Name: _____ Date of Birth: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Gender: Male Female Social Security Number (optional) : _____

| <i>I use the following:</i> | <i>I have difficulty:</i> | <i>My disability is:</i> |
|-----------------------------|---------------------------|-----------------------------------|
| Personal Care Attendant | Going places alone | Legally Blind / Visually impaired |
| Walker/cane/crutches | Seeing | Mental/Neurological disorder |
| Manual wheelchair | Standing/Walking | Amputation/anatomical disorder |
| Power wheelchair | Hearing | Other: _____ |
| Power Scooter/Scamp | Understanding directions | _____ |
| Service animal | Communicating | |

Primary Language: English Spanish Other _____

Do you have a Metro Access or Access Paratransit card: Yes No

Type: _____ Restrictions: _____

Emergency Contacts:

Relative: _____ Relationship: _____

Day phone: (____) _____ Other: (____) _____

Friend: _____ Day Phone: (____) _____

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 attendant.

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

Signature: _____ Date: _____

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: _____

Escort for: _____

DAR Called: date/time) _____

Date Issued: _____

Date Handbook Issued: _____

Date Mailed: _____

Date Logged on Computer: _____

Return this form to:

**EL MONTE TRANSPORTATION
DIAL-A-RIDE PROGRAM**

3629 Cypress Avenue
El Monte, CA 91731-2603

(626) 580-2217