
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:
**EL MONTE
DIAL-A-RIDE PROGRAM
3629 Cypress Avenue
El Monte, CA 91731-2603
(626) 580-2217**

- Office use only -
Information verified by: _____
Date: _____ Time: _____
Contact: _____
Approved by: _____