



DIAL-A-RIDE APPLICATION

Instructions: Complete page #1 if you are at least 55 years of age. If you are between ages 18-54 and certified as disabled by the Social Security Administration, complete pages #1 and #2.

\$5 Monthly Service Fee

Required Documents: Valid I.D. or Resident Card or U.S. Passport & Utility Bill (last 6 months) & Cashier's Check or Money Order Payable to the City of Compton.

APPLICANT INFORMATION

PLEASE PRINT or TYPE

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

Home Phone # _____ Cell Phone # _____

Email: _____

Type of Residence: Home/APT Retirement/Senior Home (see below) Board & Care

Name of Retirement/Senior Home _____ Phone _____

PROGRAM ELIGIBILITY

I am at least 55 years of age OR certified as disabled by the Social Security Administration: Yes No

I always use: Walker Manual Wheelchair Electric Wheelchair Service Animal

I sometime use: Walker Manual Wheelchair Electric Wheelchair Service Animal

I have: Cognitive Issues Hearing Impairment Difficulty Communicating

I use a personal escort: Always Sometimes Never

I speak: English Spanish Other _____

EMERGENCY CONTACT INFORMATION (LIST TWO)

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Phone: _____ Phone: _____

STATEMENT OF CONSENT/ACKNOWLEDGMENT

I, the undersigned person, understand that I have chosen to voluntarily participate in the Dial-A-Ride Program at my own risk. By participating in the Dial-A-Ride Program, I, my heirs, executors, and representatives, do hereby release, discharge, waive and relinquish the City of Compton, its officers and, employees and agents, from any and all claims, demands, liability, causes of action and harm arising out of or resulting from this program. I understand that the above activity is sponsored by the Public Works Engineering Department. I further indemnify and hold harmless the City, its officials, officers, employees and agents from any and all claims arising out of or incident to my participation in the program. **I have had the opportunity to ask any questions about this form by calling Dial-A-Ride Services at: (310) 605-6224.** I understand that this form provided to me contains the entire agreement between the parties related to my participation in the Dial-A-Ride.

Signature: _____

Date: _____



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PHYSICIAN'S VERIFICATION ELIGIBILITY EVALUATION

(Required for applicants under the age of 55)

Please Print

Applicant's Name: _____ Date of Birth: _____

Please indicate if the disability/disabilities prohibit the applicant from boarding and alighting regular public transportation:

DURATION AND DEGREE OF DISABILITIES

The disability is: Permanent Temporary

If temporary, please indicate the length of disability:

1-2 2-4 months 4-6 month (Re-Verification required after 6 months)

PHYSICIAN'S INFORMATION

Physician's Name: _____

Medical 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 Compton Dial-A-Ride because of the aforementioned disability which prevents the applicant from use regular transit services

Physician's Signature _____ Date _____

Please contact (310) 605-6224 if you have any questions concerning this form.