DAR #_____

CITY OF BELLFLOWER

Bellflower Dial-A-Ride Application

for Seniors and Disabled Residents

❑ Senior Resident (age 55 or older) ❑ Disabled Resident

NAME:_____

ADDRESS:_____

TELEPHONE:_____

DATE OF BIRTH:_____

Do you live in a senior residence or convalescent home? ❑ Yes ❑ No

If yes, what is the name of the facility?_____

DOCTOR'S NAME:_____

DOCTOR'S TELEPHONE:_____

DOCTOR'S ADDRESS:_____

_____

Do you use a ❑ wheelchair ❑ walker ❑ cane

Senior Applicants: I affirm that I am 55 years of age or older

_____

APPLICANT'S SIGNATURE DATE

Disabled Applicants: I understand that Dial-A-Ride service is for persons with disabilities that prevent them for using regular public transit. My physician's signature affirms my condition is severe enough to qualify for Dial-A-Ride service.

_____

APPLICANT'S SIGNATURE DATE

_____

PHYSICIAN'S SIGNATURE DATE

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STAFF INITIAL_____ DATE_____