

City of South Pasadena Community Services Department DIAL-A-RIDE PROGRAM

1102 Oxley Street, South Pasadena, CA 91030 (626) 403-7368 <u>DAR@southpasadenaca.gov</u>

Please complete the application, sign, and date. Mail or hand deliver to address above.

	DIAL-A-RIDE PROGRAM A	APPLICATION	
NAME:	DATE C	OF BIRTH:	FEMALE□ MALE□
(First) (Lo			
ADDRESS:		South	Pasadena, CA 91030
Street			
TELEPHONE NUMBER:	CELL PH	ONE NUMBER:	
EMAIL ADDRESS:			
ARE YOU A RESIDENT OF SOUTH	I PASADENA? YES NO	ARE YOU 55	OR OLDER? YES NO
IF YOU ARE UNDER 55, DO YO			
Please note: A physician letter is r			
	WALKER SERVICE AN	IMAL UWH	EELCHAIR (type):
OTHER (Plea	ase explain)		
WILL A PERSONAL ATTENDANT Name:			
DO YOU LIVE IN AN AREA WITH HI PLEASE EXPLAIN:		DE SAC? YES	□NO
*STAFF MAY COMPLETE A FIELD C	HECK PRIOR TO APPROVAL TO	DETERMINE ACC	ESSIBILITY OF DAR VEHICLES
	EMERGENCY CON	ITACT	
PRIMARY CONTACT:	RELATIONSHI	IP:	PHONE:
SECONDARY CONTACT:	RELATIONSHI	IP:	PHONE:
PHYSICIAN:	RELATIONSH	IP:	PHONE:
Please be advised that drivers will way trip (\$1.00 round trip). No fee allowed on the bus. Please notify physician. Applicants must be 55 participation. If an applicant is u	e will be charged for attendan office of any changes with players or older and a South Po	nt/caregiver. On hone numbers, e asadena resident	ally registered service animals are emergency contact or t to qualify for program
SIGNATURE:		_ DATE:	
	FOR OFFICE USE O	NIV	
Date Received: Approval Letter Sent	Approval? Y N		Review Initial:
Comments:			Undated: 10/24/22