



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

1102 Oxley Street, South Pasadena, CA 91030

Phone: (626) 403-7368

Email: DAR@southpasadenaca.gov

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

DIAL-A-RIDE PROGRAM APPLICATION

NAME: (First) (Last) DATE OF BIRTH: FEMALE MALE

ADDRESS: Street Apt. # City, St Zip South Pasadena, CA 91030

HOME PHONE NUMBER: CELL PHONE NUMBER:

EMAIL ADDRESS:

ARE YOU A RESIDENT OF SOUTH PASADENA? YES NO ARE YOU 55 OR OLDER? YES NO

IF YOU ARE UNDER 55, DO YOU HAVE A DISABILITY? YES NO

Please note: A physician letter is required for disabled applicant under 55 years of age

DO YOU USE A: CANE WALKER SERVICE ANIMAL WHEELCHAIR (type): OTHER (Please explain)

WILL A PERSONAL ATTENDANT/CAREGIVER ACCOMPANY YOU ON TRIPS? YES NO
Name: Phone Number:

DO YOU LIVE IN AN AREA WITH HILLS OR NARROW STREETS/CUL DE SAC? YES NO

PLEASE EXPLAIN:

\*STAFF MAY COMPLETE A FIELD CHECK PRIOR TO APPROVAL TO DETERMINE ACCESSIBILITY OF DAR VEHICLES

EMERGENCY CONTACT INFORMATION

PRIMARY CONTACT: RELATIONSHIP: PHONE:

SECONDARY CONTACT: RELATIONSHIP: PHONE:

PHYSICIAN: PHONE:

I assume full responsibility for and release the City of South Pasadena, its elected officials, employees and/or representatives from any liability of my safety and well-being before I board and after I exit the Dial-A-Ride vehicle and agree to abide by all rules and regulations set by the City of South Pasadena Dial-A-Ride as noted.

Only registered service animals are allowed on the bus. Please notify office of any changes with phone numbers, emergency contact or physician. Applicants must be 55 years or older and a South Pasadena resident to qualify for program participation. If an applicant is under 55 years of age, a physician letter is required.

SIGNATURE: DATE:

FOR OFFICE USE ONLY
Date Received: Approval? Y N Approval Letter sent: Rider Card Sent:
Comments: Reviewer Initial:
Updated: 09/16/24