



# CITY OF ARVIN

October 21, 2013

MAYOR  
Jose Flores

MAYOR PRO TEM  
Antionette Pichardo

COUNCIL MEMBERS  
Steven Ojeda  
Jose Gurrola, Jr.  
Lupe Vasquez

Dear Rider,

The City of Arvin Transportation Department would like to inform you that our Dial – A – Ride Service (DAR) WILL BE CHANGING AS OF MONDAY, NOVEMBER 18, 2013. Arvin Transit will be having a new software called (Route Match) that is going to improve and assure that your Dial – A – Ride (DAR) will be more efficient and convenient. Dial – A – Ride (DAR) is the provider of Americans with Disabilities Act (ADA) para transit door to door public transportation. This service is provided to residents and visitors of the City of Arvin, who have qualified through an application process in accordance with the ADA.

ADA complementary para transit service is provided within the City of Arvin limits, during the service hours of Arvin's Dial – A – Ride from 7:30am- 3:30pm. This service is available to seniors over 60 years of age or older, or a persons with disabilities and or ADA eligible riders.

Now that we have a new way of requesting or scheduling a Dial- a- Ride Service (DAR); PLEASE ASSURE THAT YOU HAVE THE FOLLOWING INFORMATION IN HAND WHEN READY TO SCHEDULE OR REQUEST YOUR DIAL – A –RIDE EVERYTIME YOU CALL.

1. Provide First and Last Name
2. Time of PICK – UP and time for RETURN
3. EXACT PHYSICAL ADDRESS of where you would like to get PICKED – UP and DROPED - OFF (Complete street address, including apartment or suite number)
4. How MANY of you will be aborting (Whether you will travel with Personal Care Attendant (PCS) and or a companion)
5. Notify dispatch if you will be using a wheelchair or scooter at the time of your reservation.

Same day reservations are allowed on a space available basis and time availability. Please call at least thirty minutes (30) in advance to reserve a trip. First call first served service bases.

BUS OPERATORS ARE NOT ABLE TO ACCEPT, CHANGE OR CANCEL ANY RESERVATIONS. *If you need to make changes to your reservation, please call our office.*

Note: Services for Arvin Local Fixed Route will still be provided Monday thru Friday 7:00am – 4:30pm; as well as for Arvin to Lamont Routes will still be in service.

If you would like an ADA (American with Disabilities Act) application or have any questions or concerns please call our office at 661-854-3139.

Thank you

Arvin Transit

### Arvin Transit Dial - A -Ride Application Form

Please send application form with a color photocopy of state-issued ID to:

Attn: ADA Coordinator  
City of Arvin - Arvin Transit Department  
165 Plumtree Drive  
Arvin, California 93203

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Day ( ) \_\_\_\_\_ Telephone Evening ( ) \_\_\_\_\_ Gender : [ ] Female [ ] Male

\*Are you 60 years of age or older? [ ] Yes [ ] No \*Are you Disabled [ ] Yes [ ] No TTY/TTD (Hearing Impaired)

\*Please provide photocopy of state-issued Id card with this application. [ ] Yes [ ] No

Please check all that apply when traveling?

- Restricted to wheelchair  
if restricted to a wheelchair, is it motorized?  
 Yes  No
- Other motorized mobility device (scooter)
- Use of walking cane or crutches
- Personal care attendant
- Service Animal
- Oxygen Tank

Do you wish to have information and materials provided to you in any of the following forms? (check all that apply)

- Large Print
- Audio Tape
- Braille

Please provide the name and telephone number of someone we may contact in the event of an emergency.

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Telephone Day ( ) \_\_\_\_\_ Telephone Evening ( ) \_\_\_\_\_

#### ONLY COMPLETE THIS SECTION IF YOU HAVE A DISABILITY

This section to be completed by applicant's Physician.

Physician's Name: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ License #: \_\_\_\_\_

What type of disability does the applicant have? (check all that apply)

- Physical Disability
- Visual Impairment
- Developmental Disability
- Mental Illness
- Other: \_\_\_\_\_
- None

Is the applicant's disability [ ] Permanent [ ] Temporary

If temporary, what is the estimated date disability will end? : \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

I certify the eligibility information contained in this document is accurate and true.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

#### OFFICE USE ONLY

- APPROVED - Senior / Permanent
- Temporary (until) date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
- Denied

Received By: \_\_\_\_\_  
Approved By: \_\_\_\_\_  
Date Received: \_\_\_\_\_

For Dial - A -Ride information call (661) 854-3139