

Arvin Transit Dial - A -Ride Application Form

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

City of Arvin - Arvin Transit Department

Attn: ADA Coordinator

165 Plumtree Drive Arvin, California 93203

Phone: (661) 854-3139 Fax: (661) 854-0847

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
***Please provide a color photocopy of state-issued Id card with this application.** TTY/TTD (Hearing Impaired)
[] 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

Please provide the name and telephone number of someone we may contact in the event of an emergency.
Name: _____ Relation: _____
Telephone Day () _____ Telephone Evening () _____

COMPLETE THIS SECTION IF YOU HAVE A DISABILITY AND YOU ARE NOT OVER 65 YEARS OF AGE

This section is 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 [] Mental Illness
[] Visual Impairment [] Other: _____
[] Developmental Disability [] 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

[] Temporary (until) date ____/____/____

[] Denied: Reason Why?: _____

[] APPROVED - SENIOR / PERMANENT

Received By: _____

Approved By: _____

Date Received

Date Received Transit ID Card:

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