



City of Montebello

Dear Dial-A-Ride Client:

To continue providing the highest level of service to our Dial-A-Ride passengers, we want to register all of our clients. This effort will assist us to provide the most effective transportation possible to senior citizens (age 62 and over) and individuals with significant physical disabilities.

Registration of all riders will provide information and/or medical certifications that states the age, physical condition or ailment that qualifies clients for Dial-A-Ride services. We are requesting your assistance by completing the attached eligibility forms.

You may fill out the **PASSANGER ELIGIBILITY FORM** and return it with proof of age if you are a senior citizen (a copy of your Medicare Card or DMV Identification Card will be sufficient). If you are under 62 years of age and have a physical disability, please have your personal doctor complete the attached **PHYSICIAN'S STATEMENT**. Your eligibility for Dial-A-Ride is primarily based upon your doctor's medical opinion. Your information will be reviewed and your continued eligibility for Dial-A-Ride will be confirmed. Please mail the above information to Montebello Dial-A-Ride 400 S. Taylor Avenue, Montebello, California 90640, Attn: Go Card.

Upon verification of eligibility, a Dial-A-Ride Go-Card will be issued to you. The card is free, but there is a \$2.00 fee for replacement cards.

If you have any questions about Dial-A-Ride, please call (323) 887-4646 between the hours of 8:00am and 5:00 p.m.

Thank you,

Montebello Bus Lines



PASSENGER ELIGIBILITY FORM

PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION.

RETURN FORM TO : MONTEBELLO DIAL-A-RIDE
400 S. TAYLORE AVENUE
MONTEBELLO, CA 90640

<u>For Office Use Only</u>	
Date Rec'd	_____
Certified	_____
Declined	_____
Card No.	_____
Date Mailed	_____

SOCIAL SECURITY NUMBER _____

NAME _____

ADDRESS _____

CITY _____ ZIP CODE _____

DAY PHONE _____ EVENING PHONE _____

BIRTH DATE _____

SENIOR CITIZEN:

- Age 62 and older. (A photo-copy of your driver's license or Medicare card to verify your age must be attached to this form.)

DISABILITY:

- Blind
- Developmentally Disabled
- Frail Elderly
- Orthopedically Handicapped
- Other, please specify: _____

IF YOU USE A WHEELCHAIR, IS IT:

- Manual
- Electric – 4 wheel
- Electric – 3 wheel

DO YOU USE A:

- Walker
- Cane
- Crutches
- Other Orthopedic Device, please specify: _____

PASSENGER ELIGIBILITY FORM

DO YOU REQUIRE AN ATTENDANT?

- Yes
- No

STATE BRIEFLY WHAT DISABILITIES PREVENT YOU FROM USING REGULAR TRANSIT SERVICE _____

IN CASE OF AN EMERGENCY, WHO SHOULD WE CONTACT?

NAME: _____

ADDRESS: _____

CITY: _____

DAY PHONE: _____ EVENING PHONE: _____

RELATIONSHIP: _____

Applicant Signature

Date

Montebello Dial-A-Ride
PHYSICIAN'S STATEMENT

Please type or print clearly and complete all information. Return form to:

Montebello Dial-A-Ride, 400 S. Taylor Avenue, Montebello, CA 90640

PATIENT'S NAME: _____

SECTION I - Eligibility Evaluation

Please check the minimum requirements your patient meets:

Lung disease to such an extent that forced (respiratory) expiratory volume for one second when measured by spirometry is less than one liter, or arterial oxygen tension (PO₂) is less than 60mm/HG on room air at rest.

Cardiovascular disease impairment limitations classified in severity as Class 111 or Class IV according to standards accepted by the American Heart Association.

Significant limitation in the use of lower extremities, a diagnosed disease, or a disorder which substantially impairs or interferes with mobility or requires the aid of an assistant device for mobility (e.g., cane, walker, crutches, etc.)

Loss, or the loss of the use of, one or both lower extremities or both hands.

Blind, or has visual impairment such that, with corrective lenses, vision in the better eye is incapable of distinguishing shapes.

Other or additional illness, injury, age, congenital malfunction, permanent or temporary incapacity or disability which precludes the patient from using **Fixed Route Public Transportation**.

Please Specify _____

SECTION II - Duration and Degree of Disability

This patient's condition is:

Permanent

Temporary

If temporary, please indicate below the length of disability:

3 months

6 months

Other, please specify _____

In your medical opinion, the patient requires the assistance of an attendant (Our Drivers are not permitted to act as attendants):

To get to and from the curb to the Dial-A-Ride van.

While riding on board the Dial-A-Ride van.

SECTION III- Physician Information

Physician's Name _____

Business Address _____

City _____ Zip Code _____

Phone Number (_____) _____ Medical License Number _____

MEDICAL CERTIFICATION

I certify that I am a licensed physician in the State of California and have knowledge of the above-named patient. In my professional opinion, this patient qualifies for the services of Montebello Bus Lines.

Physician's Signature

Date

Montebello Dial-A-Ride
400 S. Taylor Avenue
Montebello, CA 90640
To schedule a ride call (323) 887-4646

To the Physician:

Your patient, _____ has expressed an interest in becoming eligible for Montebello Dial-A-Ride service/membership.

Dial-A-Ride is a curb to curb transportation service provided generally within Montebello City limits. The service is reserved for senior citizens and physically disabled individuals that cannot use regular fixed-route transit service.

Montebello Dial-A-Ride is restricted by the California Vehicle Code with regard to specific disabilities which qualify for this service. Only those persons (and their **required** attendants) whose disabilities fall within the attached eligibility evaluation may use Dial-A-Ride.

We request that you complete the **PHYSICIAN'S STATEMENT**, which has been designed to help you determine your patient's eligibility. Dial-A-Ride is very expensive to operate, so please be judicious in evaluating your patient's need for the service. When completed, please return the form to your patient or mail it to us with your patient's Dial-A-Ride application.

Please call (323) 887-4600 if you have any questions or need further information.

Sincerely,

Benjamin A. Flores
Transit Operations Supervisor
Montebello Bus Lines