



## Eligibility Criteria:

- Norwalk residents who are disabled pursuant to the State of California Department of Motor Vehicles (DMV) code, Section 295.5 (a) (b) (c)(d).
- Residents who are 60 years or older with valid proof of age which may include the following: DMV Identification card, Medicare Identification card with matching photo ID, or another form of photo identification showing proof of age (photocopies only).
- Individuals who have been issued a Federal Medicare Card or DMV disabled identification card.

Dial-A-Ride is not available to individuals whose disability is for less than 90 consecutive days.

### Personal Care Attendant (PAC):

Individuals requiring special assistance will be permitted to have an attendant accompany them. (Please note: Attendants are required to pay full fare and you must have your Doctor fill out Section II of the application).

**Service Animals:** You are allowed to travel with a service animal.

## Dial-A-Ride Application

- For eligibility based on 60 years or older, or if you possess a Medicare card/DMV Disabled I.D; please complete Parts 1 & 2 and provide a copy of a "proof of age" document which shows your picture and date of birth.
- For eligibility based on disability, please complete Parts 1, 2 & 3.
- If interested in the **Taxi Program**, please provide a passport style photo.



## PART 1 (Please print legibly)

Name: \_\_\_\_\_  
 Current Address: \_\_\_\_\_  
 City: Norwalk State: CA Zip 90650  
 Phone No.: \_\_\_\_\_  
 Applicant's Signature: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Language Spoken:  English  Español  
 Other: \_\_\_\_\_

### Emergency Contact Information:

Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_

## PART 2

If confined to a wheelchair, what type is it?  
 Manual  Electric  Scooter  
 Do you regularly use a  Walker  Cane  
 Do you have an Attendant?  Yes  No

## PART 3

### Physician's Verification of Eligibility

Patient's Name \_\_\_\_\_

### Section I

Please verify that the patient falls under one of these areas to determine if they qualify for disabled transit services, by signing under Section III.

- Legally blind
- Kidney Disease



### FOR OFFICE USE:

Proof of Age Document: \_\_\_\_\_  
 Verified by: \_\_\_\_\_  
 Approved \_\_\_\_\_ Declined \_\_\_\_\_ Date \_\_\_\_\_

- Impaired by Class III or Class VI type cardiovascular disease as defined by the American Heart Association.
- Suffers from lung disease such that measured forced respiratory volume for one second is less than 1L or arterial oxygen tension is less than 60 mm/Hg on room air at rest.
- Other explain disabilities (in detail):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Section II – Duration and Degree of Disability

This patient's condition is:

- Permanent  Temporary

If temporary, please indicate below the length of disability:

- 3 mos.  6 mos.
- Other (please specify) \_\_\_\_\_

In your medical opinion, does this patient require the assistance of an attendant (drivers are not permitted to act as attendants):

- To get to and from the curb to the Disability Van
- While riding on board the Disability Van

### Section III – Physician Information

Physician's Name (type or print) \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

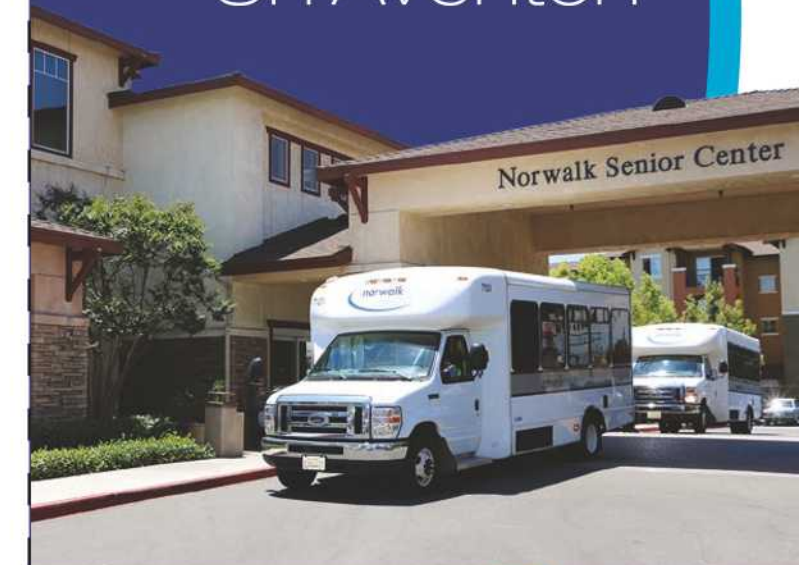
State License No. \_\_\_\_\_

I certify that I am a licensed physician in the State of California and have knowledge of the above applicant. In my professional opinion, this patient qualifies for Norwalk Transit's Dial-A-Ride Van Service.

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



Programa  
 Marque Para  
 Un Aventón



COMPLETED APPLICATIONS CAN BE PLACED  
 IN AN ENVELOPE AND MAILED TO:

**Norwalk Transit System**  
**12700 Norwalk Blvd., Norwalk, CA 90651**  
 OR

DELIVER APPLICATION IN PERSON TO  
 TRANSIT CUSTOMER SERVICE OFFICE LOCATED AT:  
 12650 Imperial Hwy, Norwalk CA 90650  
 Customer Service Phone Number: (562) 929-5550



## Crterios de **Eligibilidad:**

- Residentes incapacitados de Norwalk de acuerdo con el código del Departamento de Vehículos Motorizados (DMV), Sección 295.5 (a) (b) (c) y (d).
- Residentes por lo menos de 60 años con prueba válida de edad.
- Individuos que han recibido la tarjeta Federal de Medicare o la tarjeta de identificación del DMV para incapacitados.

El servicio para un aventón no es apto para personas cuya incapacidad física sea por menos de 90 días consecutivos de duración.

### Asistente de cuidado personal:

Aquellos que requieren ayuda especial podrán estar acompañados de una persona asistente.

**Animales de servicio:** puede viajar con un animal de servicio.

## Solicitud **Marque Para Un Aventón**

- Para ser elegibles por edad de por lo menos 60 años, o si usted tiene tarjeta Federal de Medicare, o la tarjeta de identificación del DMV para incapacitados, llenar partes 1 & 2 y proveer una copia de la prueba de edad que muestre su photo y su fecha de nacimiento.
- Para ser elegible por incapacidad física, por favor llenar Partes 1, 2, & 3.
- Si está interesado en el **programa de taxis**, proporcione una foto tipo pasaporte.



## PARTE 1 (escribir claramente por favor)

Nombre: \_\_\_\_\_

Domicilio actual: \_\_\_\_\_

Ciudad: Norwalk Estado: CA Area postal (ZIP): 90650

Teléfono: \_\_\_\_\_

Firma del solicitante: \_\_\_\_\_

Fecha de Nacimiento: \_\_\_\_\_

Idioma que Habla:  Inglés  Español  
 Otro \_\_\_\_\_

### Información en Caso de Emergencia:

Nombre: \_\_\_\_\_

Relación: \_\_\_\_\_

Teléfono: \_\_\_\_\_

## PARTE 2

Si está recluso(a) a silla de ruedas.  
¿De qué tipo es?

Manual  Eléctrica  Scooter

Usa regularmente  Bastón  Andadera?

Tiene un(a) asistente? Si  No

## PARTE 3 **Declaración Del Médico**

Patient's Name \_\_\_\_\_

### Section I

Please verify that the patient falls under one of these areas to determine if they qualify for disabled transit services, by signing under Section III.

- Legally blind
- Kidney Disease
- Impaired by Class III or Class VI type cardiovascular disease as defined by the American Heart Association.



Suffers from lung disease such that measured forced respiratory volume for one second is less than 1L or arterial oxygen tension is less than 60 mm/Hg on room air at rest.

Other explain disabilities (in detail):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Section II – Duration and Degree of Disability

This patient's condition is:

Permanent  Temporary

If temporary, please indicate below the length of disability:

3 mos.  6 mos.

Other (please specify) \_\_\_\_\_

In your medical opinion, does this patient require the assistance of an attendant (drivers are not permitted to act as attendants):

To get to and from the curb to the Disability Van

While riding on board the Disability Van

### Section III – Physician Information

Physician's Name (type or print) \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

State License No. \_\_\_\_\_

I certify that I am a licensed physician in the State of California and have knowledge of the above applicant. In my professional opinion, this patient qualifies for Norwalk Transit's Dial-A-Ride Van Service.

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



# Dial-A-Ride Program



Effective: August 2022

LAS SOLICITUDES COMPLETADAS PUEDEN SER LUGARES EN UN SOBRE Y ENVIADO A:

**Norwalk Transit System**  
**12700 Norwalk Blvd., Norwalk, CA 90651**

ENTREGUE LA SOLICITUD EN PERSONA A LA OFICINA DE SERVICIO AL CLIENTE DE TRÁNSITO UBICADA EN:

**12650 Imperial Hwy., Norwalk, CA 90650**

Teléfono de Atención al Cliente:  
(562) 929-5550