

GO WEST DIAL-A-RIDE APPLICATION

Send Application with a copy of your identity card to:

City of West Covina, Public Services Department, Attn: Community Services Division

2501 East Cortez Street, West Covina, CA 91791

Applications can also be submitted in person to the above address during business hours. Monday - Friday 9 a.m. - 4 p.m.

APPLICANT CONTACT INFORMATION

Name: _____ Date of Birth: ____ / ____ / ____

Address: _____

Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Are you 55 years of age or older? Yes No (Attach copy of valid state ID card.)

Are you disabled? No Yes, if so, check all that apply:

Restricted to a wheelchair (If so, is it motorized?) Yes No

Use a walking cane or crutches Blind

Other (please specify): _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Address: _____

Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

PHYSICIAN CERTIFICATION

To be completed for applicants less than 55 years of age.

Physicians Name: _____ Phone: (_____) _____ - _____

Address: _____

Is the applicant permanently disabled? Yes No

Does the applicant require any special assistance? Yes No

Is the applicant temporarily disabled? Yes No

(If yes, please estimate anticipated end date of disability: ____ / ____ / ____)

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

_____/_____/_____
Physician's Signature Date

• FOR OFFICE USE ONLY •

Approved Denied _____ Date ____ / ____ / ____