

Taft Area Transit Dial-A-Ride Application Form

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

**Attn: ADA Coordinator
City of Taft – Taft Area Transit
209 E. Kern Street
Taft, California 93268**

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

Home Address: _____

Mailing Address (if different from home address) _____

Telephone Day () _____ Telephone Evening () _____

Gender: Male Female

***Are you 60 years of age or older?** Yes No ***Are you disabled?** Yes No
***Please provide photocopy of a state or federally 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)
- Service animal
- Use of walking cane or crutches
- Oxygen tank
- Personal care attendant: Attendant Name: _____

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

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 () _____

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: Temporary Permanent

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: Permanent/Senior
- Temporary (until) date: ____/____/____
- Denied

By: _____
Date: ____/____/____