



**EL DORADO  
TRANSIT**

# Dial-a-Ride Application

Dial-a-Ride service is for **seniors (60+)**, **individuals with disabilities** not eligible for ADA paratransit service and the general public.

### Senior Services (60+)

Verification of age and residency are all that is needed for use of Dial-a-Ride services for seniors. **A photocopy of your official California Identification to provide proof of age and residency *MUST* be provided with application.** Applications based on age will not be reviewed without a valid ID.

### Disabled Services (59 and under)

Individuals under the age of 60 with disabilities who are ineligible for Americans with Disabilities Act (ADA) Paratransit may be eligible for Dial-a-Ride services. **Please complete the information below – Healthcare/Social Services professional may be contacted to verify your disability.**

**\*\* Please call (530) 642-5383 if you are interested in receiving free travel training to learn how to use the fixed route bus (this will not affect Paratransit/Dial-a-Ride eligibility)**

Applicant Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ If not applying based on age, please list disability:  
\_\_\_\_\_

Do you require a Personal Care Attendant to travel with you in order to successfully complete a trip? Yes \_\_\_\_\_ No \_\_\_\_\_ Certain Trips \_\_\_\_\_

Do you use a Mobility Device? (Wheelchair, etc.) Yes \_\_\_\_\_ No \_\_\_\_\_

If answered yes above, specify type \_\_\_\_\_

Doctor/ Professional Name and Agency \_\_\_\_\_

Address/Email \_\_\_\_\_ Phone \_\_\_\_\_

If you would like to provide alternate or emergency contact information, please do so below:

Name: \_\_\_\_\_ Phone or Address: \_\_\_\_\_

I attest under penalty of perjury that the above information is true and correct. If it is determined by El Dorado Transit that the information provided is incorrect, I understand that my Dial-a-Ride service may be terminated. I also give permission to El Dorado Transit to contact my healthcare/social services professional regarding this application and to share this application information with the El Dorado Transit Dial-a-Ride transportation provider.

Applicant Signature

Date

PLEASE RETURN COMPLETED APPLICATION TO:

**El Dorado Transit**  
**6565 Commerce Way**  
**Diamond Springs, CA 95619**  
**-Or- FAX TO: (530) 622-2877**

Office Use Only:	
Date Issued:	_____
Certifier:	_____
Photo ID:	_____