



Discount Card and Dial-a-Ride Application

Card Type (Check One):

_____ **Senior (60+)** will need to provide a valid state issued photo identification or passport to prove age.

_____ **Disabled** will need to provide a valid state issued photo identification or passport along with one of the following: a Medicare card, a DMV disabled placard computer printout, a Social Security disability benefits award letter or a signature by a physician or authorized representative on page 3 of this application.

Desired Username (we recommend you use your email address): _____

First Name: _____

Last Name: _____

Date of Birth: _____

Primary Phone Number: _____

Email: _____

(NOTE - if this email is not valid then you will be unable to register or manage your online account)

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: _____

Are you interested in Dial-A-Ride services? _____

Address:

Address: _____

City: _____

State: _____

Zip Code: _____

Office Use Only - 2019-05-09

Card Number: _____ **Last Name:** _____ **Date Completed:** _____

Security Number: _____



Security Questions

If you need to call customer service, they may ask you to provide your birthplace and two security questions to verify identity. Please provide the following information:

Birthplace: _____

Please circle **TWO** of the security questions below and place **BRIEF** answers in the spaces provided below

1. What was the name of your elementary/primary school?
2. What is your youngest brother's birthday? (01/15/1995)
3. Where does your nearest sibling live?
4. What was the last name of your third grade teacher?
5. What was the name of the boy or girl you first kissed?
6. In what city or town did your mother and father meet?
7. What was the name of your first stuffed animal?
8. What is your oldest cousins first and last name?
9. What was your childhood phone number including area code? (000-000-0000)
10. What school did you attend in sixth grade?
11. What is your oldest sibling's middle name?
12. What is your oldest sibling's birthday month and year? (ex. January 1965)
13. What is the middle name of your youngest child?
14. What street did you live on in third grade?
15. What is the name of your favorite childhood friend?
16. In what city did you meet your spouse/significant other?
17. What was your childhood nickname?
18. In what city or town was your first job?
19. What is your maternal grandmother's maiden name?

Answer #1: _____

Answer #2: _____



EL DORADO TRANSIT

Disabled Eligibility Application

For a disabled discount card, please provide either a Medicare card, a DMV disabled placard computer printout or a Social Security disability benefits award letter. If you do not have any of these documents, you will need to have a physician or authorized representative provide their information and signature in this box.

Healthcare/Social Service Professional Verification for Disabled Eligibility – To be completed by a professional who can best document applicant’s abilities (a license is not required).

Please provide your professional contact information:

Name: _____

Profession/Agency: _____

License # (if applicable): _____

Address: _____

Phone Number: _____ Email: _____

I certify that this individual is in fact disabled and qualifies for reduced fare on El Dorado Transit services.

Professional Signature

Date

Applicant Signature

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 discount card may be terminated. I also give permission to El Dorado Transit to contact my healthcare/social services professional regarding this application.

Applicant Signature

Date

Next Steps

Submit your application to El Dorado Transit one of the following ways:

By Email:

info@eldoradotransit.com

By Fax:

(530) 622-2877

Mail / In Person:

El Dorado Transit
6565 Commerce Way
Diamond Springs, CA 95619

Please send this completed form along with the required documents as listed on Page 1. Once the application is processed, El Dorado Transit staff will call you to set up an appointment at the El Dorado Transit office. Please allow up to 21 business days for processing.