



# City of Monterey Park

## Dial-a-Ride Application

### Participant Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender (circle one) M or F

Phone number: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: Monterey Park

Zip Code: \_\_\_\_\_

### Emergency Contact Information

Name: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

### Mobility Aids (circle all that apply)

Ambulatory, Wheelchair, Scooter, Walker, Cane, Crutches, Other \_\_\_\_\_

### Impairment (circle all that apply)

Hearing, Visual, None

#### FOR OFFICE USE ONLY

Date Issued: \_\_\_\_\_

Issued by: \_\_\_\_\_

Notes: \_\_\_\_\_