



DIAL-A-RIDE APPLICATION

(MUST BE 65 YEARS OF AGE OR ABOVE)

Please complete this application, or have someone complete it on your behalf.

Please print in blue or black ink, or type.

Last Name:	First Name:	Middle Initial:
Home Address:		
City:	State:	Zip Code:
Mailing Address (If different from home address):		
Home Phone: (____)_____	<input type="checkbox"/> Female	<input type="checkbox"/> Male
Cell Phone: (____)_____	Date of Birth: _____	
Email Address: _____		
Do you use any of the following Mobility Aids or Equipment? (If yes, please indicate):		
<input type="checkbox"/> Wheelchair (Manual) <input type="checkbox"/> Wheelchair (Power) <input type="checkbox"/> Scooter <input type="checkbox"/> Walker/Cane <input type="checkbox"/> Other		
Medi-Cal? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide ID Number: _____		
Your primary language:		
<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____		
Emergency Contact:		Relationship:
Address:		Daytime Phone: (____)_____
		Evening Phone: (____)_____
Secondary Emergency Contact (Optional):		Relationship:
Address:		Daytime Phone: (____)_____
		Evening Phone: (____)_____
Signature: _____ Date: _____		

Please mail or fax completed application to:

City of Simi Valley/Dial-A-Ride
 2929 Tapo Canyon Road
 Simi Valley, CA 93063
 Tele: (805) 583-6464, Fax: (805) 583-6490