

## **Covina Transit / Dial-A-Ride Program Registration Form**

The Dial-A-Ride program is for Covina residents over the age of 60. Applicants under the age of 60 may request an Eligibility Certification Application, which must be signed by your physician to confirm paratransit service standards are met. Covina Transit is only available to Covina Residents. Non-Covina residents/LA County jurisdicton residents may inquire with the city/county in which they reside for available programs.

Applicant Name:						_
Address:		-	Zip	:		<u> </u>
Date of Birth:	Sign-Up Date:					_
Home Phone:	Cell Phone:					<del>_</del>
Emergency Contact Name:				_		
Emergency Contact Phone:				_		
Is the rider able to travel on their own?	YES		NO			
*Note: If applicant is unable to ride alone, a PCA need not be Covina resident, but must cowill issued to the PCA. PCAs are only permits services on their own.	mpelte this application	and p	provide	photo L	D. A Covi	ina Transit ID
Please advise if the rider will be using a whe	elchair, walker, cane,	, oxyg	en tank	s, etc. (l	ist all tha	t apply):
	For City Use Only:					
If an individual is not a City of Covina resid	ent as defined on page 2	of the l	User's G	uide - the	ey are not e	<u>eligible.</u>
Is resident over the ages of 60?		YES		NO		
Have you attached a copy of their photo id?		YES		NO		
Have you attached a copy of their proof of Covina res		YES		NO		
(i.e. current utility bill, current bank or SS so	tatement)					
Did you take a photo?		YES		NO		
□ Place this sheet and the copies of the ID and □ Input information into Client Log	I the proof of residence in	Dial-A	-Ride Pr	ogram Fi	le	



Forward Information to PCAM to complete registration