

CITY OF BELLFLOWER

DAR # \_\_\_\_\_

**Bellflower Dial-A-Ride Application**  
for Seniors and Disabled Residents

Senior Resident (age 55 or older)

Disabled Resident

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

Do you live in a senior residence or convalescent home?  Yes  No

If yes, what is the name of the facility? \_\_\_\_\_

DOCTOR'S NAME: \_\_\_\_\_

DOCTOR'S TELEPHONE: \_\_\_\_\_

DOCTOR'S ADDRESS: \_\_\_\_\_

Do you use a:  wheelchair  walker  cane

**Senior Applicants:** I affirm that I am 55 years of age or older

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

**Disabled Applicants:** I understand that Dial-A-Ride service is for persons with disabilities that prevent them from using regular public transit. My physician's signature affirms my condition is severe enough to qualify for Dial-A-Ride service.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PHYSICIAN'S SIGNATURE

\_\_\_\_\_  
DATE

