



## City of Corona Dial-A-Ride Program Eligibility Application

### **For eligibility based on age 60 or older**

Complete Sections 1. Provide a copy of “proof of age” documents which shows your picture and date of birth such as state issued Driver License or Senior Identification.

### **For eligibility based on disability (those certified under the Americans with Disability Act (ADA) do not need to apply).**

Complete Sections 1 & 2. Provide copy of valid proof of disability which may include the following: Department of Motor Vehicles disabled Identification card, Social Security Disability Award letter, Federal Medicare Card, Veteran Affairs letter confirming a disability of 50% or greater, or Braille Institute Identification Card. Matching photo ID required as proof of identification. If you do not have such proof of disability, please have your physician/qualifying health care professional complete the Certification section of the application. *Note: Identification cards based on disability will not be issued for less than 3 months or more than 3 years.*

### **Where to Submit Your Application**

Your completed application package can be emailed, mailed or dropped off in person at the below address. Completed package includes the following: completed & signed application, 2x2 photo (digital photo can also be emailed or taken in person at the below address), and copy of proof of eligibility. Do not send original proof of age/disability documents.

City of Corona  
Community Services/Transportation  
400 S. Vicentia Ave Suite 225  
Corona, CA 92882  
Email: [CoronaTransit@CoronaCA.gov](mailto:CoronaTransit@CoronaCA.gov)

Once your completed application has been received, it will take approximately 10 working days for it to be processed. Upon approval, your identification card will be mailed.

### **City of Corona Dial-A-Ride Brochure**

The Dial-A-Ride brochure further details the Dial-A-Ride program guidelines. Brochure can be mailed, picked up from the above address, or downloaded from City of Corona’s Transit Service website [www.CoronaCA.gov/transit](http://www.CoronaCA.gov/transit). Call (951) 736-2241 if you need additional information.

# City of Corona Dial-A-Ride Application

## SECTION 1 (Please print legibly)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone No. \_\_\_\_\_

Current Address: \_\_\_\_\_ City, State Zip: \_\_\_\_\_

### Emergency Contact Information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone No: \_\_\_\_\_

Applicant (or legal guardian) Signature: \_\_\_\_\_ Date \_\_\_\_\_

## SECTION 2 Disability Eligibility

**Check proof of eligibility documentation under which you are applying for a Disabled ID card (provide copy of proof)**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> DMV Disabled Person Placard Receipt | <input type="checkbox"/> Disabled Veteran Service (V.A. letter) | <input type="checkbox"/> Braille Institute Identification Card                        |
| <input type="checkbox"/> Medicare Identification card        | <input type="checkbox"/> SSI Disability Award Letter            | <input type="checkbox"/> Other (complete Healthcare Professional Certification below) |

## Healthcare Professional/Physician Disability Certification

**Please verify that the patient falls under one of these areas to determine if they qualify for disabled transit services:**

- Visual Impairment— legally blind, total blind, or visual impairment such that, after correction, vision in the better eye is incapable of distinguishing shapes.
- Hearing Impairment—total deafness, 50% bilateral hearing loss uncorrected by use of a hearing aid
- Cardiovascular impairment - heart disease, congestive heart failure, peripheral vascular disease
- Respiratory impairment - asthma, COPD, emphysema, chronic bronchitis
- Neurological disorder- cerebral palsy, multiple sclerosis, Parkinson’s disease, neuropathy, paralysis, chronic fatigue
- Paralysis, incoordination or functional motor deficit in any limbs due to brain, spinal or peripheral nerve injury
- Amputation of or anatomical deformity (due to vascular or neurological deficits, traumatic loss of muscle mass or tendons), or instability of hands, foot, one lower extremity or above torso region
- Intellectual disability, including learning disability, autism, and psychosis disorders either to the extent that applicant is living in a board and care facility, or at home under supervision
- Other describe): \_\_\_\_\_

<b>Is this disability permanent?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, length of disability (in months): _____
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**In your medical opinion, does this patient require assistance of an attendant (drivers are not permitted to act as attendants):**

- To get to and from the curb to the Dial-A-Ride Vehicle     While riding on board the Dial-A-Ride Vehicle

Physician’s Name \_\_\_\_\_ State License No. \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Business Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

**I certify that I am a licensed physician in the State of California and have knowledge of the above applicant. In my professional opinion, this patient qualifies for City of Corona’s Dial-A-Ride Services.**

Physician’s Signature \_\_\_\_\_ Date \_\_\_\_\_

## FOR OFFICE USE ONLY                      **Approved ID#** \_\_\_\_\_                      **Declined**

Proof of Age/Disability document verified by: \_\_\_\_\_ Date: \_\_\_\_\_