



42210 6th Street West, Lancaster, CA 93534 661-945-9445

Dial-A-Ride Service

Application Instructions

All applicants are required to: *Complete this application *Photocopy of eligibility documents
*Show proper documentation, such as; a valid photo I.D.

Applicant

Last Name	First Name	Initial

Street Address	Apt#	City / State / Zip

E-Mail	Date of Birth	Mobile / Landline Number

Applicant Signature	Date

Emergency Contact

Last, First Name	Mobile / Landline Number	Relationship

OFFICE USE ONLY

- | | | | | |
|-----------------------------------|--|---------------------------------------|--|--|
| <input type="checkbox"/> Senior | <input type="checkbox"/> Ambulatory | <input type="checkbox"/> Urban Zone | Attendant Card | Renewal |
| <input type="checkbox"/> Disabled | <input type="checkbox"/> Wheelchair/ Scooter | <input type="checkbox"/> Rural Zone 1 | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Walker / Cane | <input type="checkbox"/> Rural Zone 2 | | |

SMS / Call

ACCESS / TAP Card Exp. Date: _____

Applied with _____

DAR Service Exp. Date: _____

Client ID# _____

CSR Initials: _____