



**GoMonrovia
Monrovia Dial-A-Ride Eligibility Application**

Please return to:

600 S. Mountain Monrovia, CA 91016
Phone: Sophia Sousa at 626-932-5512
Email: gomonrovia@ci.monrovia.ca.us

Monrovia Dial-A-Ride Eligibility Instructions

Each application will be reviewed for eligibility. Please answer fully all of the questions on the form and return it to the Monrovia Public Works Department. Incomplete applications will not be processed and will be returned to you for completion.

Submit the following to initiate your Dial-A-Ride Certification:

1. Completed Application
2. Waiver
3. California State Identification Card
4. Disability Eligibility

<p style="text-align: center;"><u>Passenger Eligibility:</u></p> <p>Provide any one of the following documents to certify eligibility:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Identification Card (senior passengers 62+) <input type="checkbox"/> Current Access ID Card <input type="checkbox"/> Current SSI/SSDI Award Letter <input type="checkbox"/> Valid Blue California DMV Disabled Placard Receipt <input type="checkbox"/> Dept. of Veterans Affairs Documentation of Service Connected Disability <input type="checkbox"/> Current Transit Discount ID for Disability <input type="checkbox"/> Other: _____ <p>(Optional) For senior passengers, initial below if you identify as someone with a disability(ies):</p> <p>_____ Yes, I have a disability(ies).</p>	<p style="text-align: center;"><u>Travel Needs</u></p> <p>Which of the following mobility aids or equipment do you use when traveling to destinations outside of your home?</p> <ul style="list-style-type: none"> <input type="checkbox"/> None <input type="checkbox"/> Manual Wheelchair <input type="checkbox"/> Electric Wheelchair <input type="checkbox"/> 3 or 4 Wheel Scooter <input type="checkbox"/> Walker <input type="checkbox"/> Cane <input type="checkbox"/> Crutches <input type="checkbox"/> Leg Braces <input type="checkbox"/> Service Animal <input type="checkbox"/> Portable Oxygen <input type="checkbox"/> Other: _____
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Applicant Information:

Full Name: _____

Home Address: _____

Phone Number: _____ Email Address: _____

Primary Language (Optional): English Spanish Other _____

<p><u>In case of emergency, whom should we contact?</u></p> <p>Name: _____</p> <p>Relationship: _____</p> <p>Phone: _____</p>	<p><u>Do you travel with a Personal Care Attendant?</u></p> <p><input type="checkbox"/> Always</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> Never</p>
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Waiver, Release and Discharge of Liability

In consideration of my being permitted to enroll and participate in Monrovia Transit (“said activity” herein) sponsored by the City of Monrovia, I hereby voluntarily waive, release and discharge in advance any and all actions or causes of action and claims for personal injury, property damage, or wrongful death which I may have, or which may hereafter accrue to me, my heirs or any other successors in interest as a result of my participation in said activity including activities incidental thereto, and for whatever period said activity may continue. This release is intended to the fullest extent permitted by law, to waive, release and discharge in advance the City of Monrovia and their respective elected officials, officers, employees and agents (hereafter “Discharged Parties”) from any liability for personal injury, property damage or wrongful death caused by any act or omission by such Discharged Parties.

I understand that serious and minor accidents occasionally occur during said activity and that participants occasionally sustain fatal or serious personal injuries and as a consequence I assume those risks and agree that under no circumstances will I or any of my heirs, assign or any other successors in interest prosecute any civil action or present any claim for personal injury, property damage or wrongful death against the Discharged Parties who, through negligence or otherwise, might otherwise be liable to me, or my heirs, or other successors in interest for damages.

I further agree, for myself and on behalf of my heirs and any other successors in interest, that in the event any claim for personal injury, property damage or wrongful death shall be prosecuted against the Discharged Parties or any of them, as a result of my participation in said activity, I shall indemnify and hold harmless the Discharged Parties from any and all liability, claims and/or wrongful death.

Signature: _____

I certify that the information I gave in this application is true and correct

Applicants must be 18 years of age to sign independently. Otherwise, the signature of a guardian is required.

Application Representative: If applicant is under 18 years of age or someone other than the applicant is completing this application, the following must be provided:

Name: _____ Signature: _____

Relationship to Applicant: _____ Phone Number: _____