



Dial-A-Van and Dial-A-Cab Service Application



There is a \$5.00 processing fee per application.

Applicant

Please Print or Type

Last Name First Init. Date of Birth

Address Number (No P.O. Boxes) Street Apt. Gender: Male Female

City State Zip Code Escort: Yes No

Phone Number Email

Mobility Status: Ambulatory Cane Crutches Scooter Walker Wheelchair Other _____

Disabilities: Vision Impaired Hearing Impaired Other _____

Emergency Contact Name: _____ Emergency Number () _____

Emergency Contact Relationship to Cardholder: _____

Participants Notes: _____

**PLEASE RETURN COMPLETED FORM TO:
PICO RIVERA SENIOR CENTER, 9200 MINES AVENUE, PICO RIVERA, CA 90660
(562) 948-4844 - Attention: Natalie Glasman
*Applicant MUST come in to have their picture taken***

For Office Use Only

Date entered in DAC system _____ Staff _____
Date scanned to DAV system _____ Staff _____

For Office Use Only

Paid: _____
Staff Initials