



DIAL-A-RIDE APPLICATION

Dial-a-Ride service is for **seniors (65+)** and **individuals with disabilities** not found eligible for ADA paratransit service.

Senior Services (65+)

Verification of age and residency are all that is needed for use of Dial-a-Ride services for seniors. **A photocopy of your official California Identification to provide proof of age and residency *MUST* be provided with application.** Applications based on age will not be reviewed without a valid ID.

Disabled Services (64 and under)

Individuals under the age of 65 and with disabilities who are found to be ineligible for Americans with Disabilities Act (ADA) Paratransit may be eligible for Dial-a-Ride services. **Please complete the information below – Healthcare/Social Services professional may be contacted to verify your disability.**

Applicant Name _____ Telephone _____

Address _____ City _____ Zip Code _____

Date of Birth _____ If not applying based on age, please list disability:

Do you require a Personal Care Attendant to travel with you in order to successfully complete a trip? Yes _____ No _____ Certain Trips _____

Do you use a Mobility Device? (wheelchair, etc.) Yes _____ No _____

If answered yes above, specify type _____

Doctor/ Professional Name and Agency _____

Address/Email _____ Phone _____

If someone helped you fill out this application, please provide:

Name _____ Phone/Email Address _____

I attest under penalty of perjury that the above information is true and correct. If it is determined by B-Line that the information provided is incorrect, I understand that my B-Line Dial-a-Ride service may be terminated. I also give permission to B-Line to contact my healthcare/social services professional regarding this application and to share this application information with the B-Line Dial-a-Ride transportation provider.

Applicant Signature _____ Date _____

PLEASE RETURN COMPLETED APPLICATION TO:
For questions please call (530) 879-2468

B-Line Paratransit
2580 Sierra Sunrise Terrace, Suite #100
Chico, CA 95928
-Or- FAX TO: (530) 891-2979

Office Use Only (Do Not Write Below this Line)

Date Received: _____ Certifier: _____ Client Id#: _____
Date Issued: _____ Expiration Date: _____ Eligibility Finding: _____