



Dial-A-Lift Application

Required Documents for Member Applications

Applicants must submit each of the documents below to be considered for Dial-A-Lift membership. If any of the documents are not submitted, the application will be considered incomplete and cannot be considered.

Check if renewing membership

1. Completed Application Form
2. Signed Physician's Statement
3. Access Services eligibility letter or copy of Access card
Applicants must already be a member of Access Services before applying for Dial-A-Lift
4. Authorization to Release Information
5. Consent to verify and release eligibility information

Applications can be submitted by mail or fax to:

LONG BEACH TRANSIT DIAL-A-LIFT

1963 E. Anaheim Street

Long Beach, CA 90813

FAX Number: 562-599-5470

Application Form



Please fill out the information below.

Section 1: Personal Information

First name: _____ **M.I.** _____ **Last name:** _____

Gender: _____ **Preferred Pronoun:** _____

Phone Number: _____ **Date of Birth:** _____

Alternative Phone Number: _____

Mailing Address: _____

Emergency Contact Name: _____

Relationship: _____ **Phone Number:** _____

Section 2: Application Form

1. What type of disability do you have? Mark all that apply:

Physical

Cognitive

Visual

2. Is your disability:

Permanent

Temporary

I don't know

3. What disability or disabling health condition PREVENTS you from using fixed-route public transportation without the help of another person? Please be detailed in your description:

4. Explain HOW the disability or disabling health condition described above prevents you from using fixed-route public transportation without the help of another person:

5. What disability or disabling health condition PREVENTS you from using fixed-route public transportation without the help of another person? Please be detailed in your description:

Less than 1 year ago

1 to 5 years ago

More than 5 years ago

6. Does your condition change from day-to-day in a way that affects your ability to use fixed-route public transportation?

Yes, I could use transportation on some days

No, doesn't change

Don't know

7. Do you require assistance when walking to the closest bus stop near your place of residence?

Yes

No

8. How do you currently travel? Mark all that apply:

Public Transit Bus

Metrolink

School Bus

Ride Share Programs (ex: Uber, Lyft)

Dial-A-Ride

Metro Rail

Walking

Ambulette

Taxi Service

Automobile

Other:

9. How often do you travel using public transit?

Daily

Weekly

Monthly

Occasionally

Never

10. If you have previously used public transit in the past, when did you stop?

Month:

Year:

11. Why did you stop traveling using public transit?

12. Indicate which assistive/mobility device(s) you use when traveling or walking outside of your home. Mark all that apply:

I do not require a support device

Respirator/Oxygen Tank Walker

Scooter Braces Support Cane

Crutches Power Wheelchair

Manual Wheelchair Prosthesis Service Animal

Other:

13. How far from your home is the nearest public transit bus stop?

Less than 1 block

1 to 2 blocks

3 to 4 blocks

More than 5 blocks

Unknown

14. On your own or using a support device, are you able to get to and from the public transit bus stop nearest to your home?

Yes

No

Sometimes

Describe the circumstances:

15. Do you require the assistance of a Personal Care Attendant (PCA), someone who assists you with daily life functions?

Yes

No

If yes, what do you need assistance with? Mark all that apply:

Mobility

Reading

Eating

Shopping

Medication

Communicating

Other:

16. Do you currently travel with a Personal Care Attendant (PCA) or home attendant who assists you regularly when you travel outside of your home?

Yes

No

Sometimes

Describe the circumstances:

17. If you are unable to take some or all of your trips by public transit, check the reason below. Mark all that apply:

Not applicable

No curb cuts

No paved sidewalks

I cannot afford the cost of taking the bus

I cannot travel to an unfamiliar place

I fear traveling by public transit bus

Distance to public transit bus is too far

Street with hill

Extreme cold

Extreme heat

18. Your Access Service number:

I certify that this information is true and complete to the best of my knowledge.

Applicant's Signature:

Date:

FOR DIAL-A-LIFT USE ONLY

RENEWEL

APPROVED

DENIED

REASON FOR DENIAL:

SIGNED:

DATE: