

What is the Dial-A-Ride Service?

Norwalk Transit System (NTS) offers a Dial-A-Ride service reserved for residents of Norwalk who are either 60 years of age and above or are physically disabled, regardless of age.

NTS Dial-A-Ride provides curb-to-curb service for trips taken within the City of Norwalk utilizing lift-equipped accessible vans. Also, NTS provides Taxicab service for both late evening weekday service and weekday interjurisdictional trips to regional medical facilities.

If you are interested in applying for the NTS Dial-A-Ride service, please complete the eligibility application. If this is based on a physical disability, please complete the application and forward it to your doctor to complete the Physician's Statement.

Eligibility Criteria:

- Norwalk residents who are disabled pursuant to the State of California Department of Motor Vehicles (DMV) code, Section 295.5 (a) (b) (c) (d).
- Residents who are 60 years and above with valid proof of age which may include the following: DMV Identification card, Medicare Identification card with matching photo ID, or another form of photo identification showing proof of age (photocopies only).
- Individuals who have been issued a Federal Medicare Card or DMV disabled identification card.

Dial-A-Ride service is not available to individuals whose disability is for less than 90 consecutive days.

Individuals requiring special assistance will be permitted to have an attendant accompany them or be allowed to travel with a service animal. (Please note: Attendants are required to pay full fare and you must have your Doctor fill out Section II of the application).

Telephone Numbers to Remember Norwalk Dial-A-Ride

Dial-A-Ride Reservations.....(562) 929-7512
 Customer Service(562) 929-5550
 Taxicab Dispatch/
 Reservations(866) 400-4841
 TTY.....(800) 855-2880
 Norwalk Senior Center.....(562) 929-5580
 Norwalk
 Social Service Center.....(562) 929-5544

NTS Dial-A-Ride reservations may be made Monday - Friday 6:30 a.m. - 7:30 p.m. Saturday and Sunday 8:30 a.m. - 6:00 p.m. Americans with Disabilities Act (ADA) eligible individuals who wish to travel outside of Norwalk may contact Access Services, Inc. at (800) 827-0829

Eligibility Application

- For eligibility based on 60 years or older, or if you possess a Medicare card/DMV Disabled I.D; please complete Parts 1 & 2 and provide a copy of a "proof of age" document which shows your picture and date of birth.
- For eligibility based on disability, please complete Parts 1, 2 & 3.

PLEASE COMPLETE APPLICATION, CUT ALONG DOTTED LINE, PLACE IN AN ENVELOPE AND MAIL TO:

Norwalk Transit System
12700 Norwalk Blvd., Norwalk, CA 90650



Cut along dotted line.

PART 1 (Please print legibly)

Name _____

Current Address _____

City, State, Zip _____

Phone No. () _____

Date of Birth (MM/DD/YYYY) _____

Language Spoken: English Español
 Other: _____

Emergency Contact Information:

Name _____

Relationship _____

Phone No. () _____

Applicant's Signature _____

PART 2

If confined to a wheelchair, what type is it?

Manual Electric Scooter

Do you regularly use a walker? Yes No

Do you regularly use a cane? Yes No

Do you have an Attendant? Yes No

PART 3

Physician's Verification of Eligibility

Patient's Name _____

Section I

Please verify that the patient falls under one of these areas to determine if they qualify for disabled transit services, by signing under Section III.

- Is blind; or has visual impairment such that, after best correction, vision in the better eye is incapable of distinguishing shapes.
- Is impaired by cardiovascular disease to the extent that functional limitations are classified in severity as class III or class IV according to standards accepted by the American Heart Association.

For office use:

Proof of Age Document: Verified by: _____
 Approved _____ Declined _____ Date _____

- Suffers from lung disease to the extent that forced (respiratory) expiratory volume for one second when measured is less than one liter or arterial oxygen tension (pO2) is less than 60 mm/Hg on room air at rest.
- Has lost, or has lost the use of, one or more lower extremities or both hands; or has significant limitation in the use of lower extremities; or has a diagnosed disease or disorder which substantially impairs or interferes with mobility; or is so severely disabled as to be unable to move without the aid of an assistant device.

Section II - Duration and Degree of Disability

This patient's condition is:

Permanent Temporary

If temporary, please indicate below the length of disability:

3 mos. 6 mos.

Other (please specify) _____

In your medical opinion, does this patient require the assistance of an attendant (drivers are not permitted to act as attendants):

To get to and from the curb to the Disability Van

While riding on board the Disability Van

Section III - Physician Information

Physician's Name (type or print) _____

Business Address _____

City, State, Zip _____

() ()

Phone No./Fax No. _____

State License No. _____

I certify that I am a licensed physician in the State of California and have knowledge of the above applicant. In my professional opinion, this patient qualifies for Norwalk Transit's Dial-A-Ride Van Service.

Physician's Signature _____ Date _____



Programa
 Marque Para
 Un Aventón



Efectivo: Noviembre de 2017

¿Qué es el Servicio Dial-A-Ride?

Norwalk Transit System (NTS) ofrece un servicio de esquina a esquina Dial-A-Ride. Da servicio dentro de la ciudad de Norwalk, para residentes que tienen 60 años de edad o más o que sin importar edad están físicamente incapacitados, utilizando vehículos accesibles.

NTS provee servicio de "Taxi" para servicio tarde en la noche los días de semana y viajes interjurisdiccionales durante esos días hacia oficinas médicas regionales.

Si usted tiene interés en solicitar el servicio Dial-A-Ride, por favor llene por completo la solicitud de elegibilidad. Si lo pide por sufrir de incapacidad física, llene la solicitud y désela a su doctor para que él llene la sección correspondiente.

Criterios de Elegibilidad:

- Residentes incapacitados de Norwalk de acuerdo con el código del Departamento de Vehículos Motorizados (DMV), Sección 295.5 (a) (b) (c) y (d).
- Residentes por lo menos de 60 años con prueba válida de edad
- Individuos que han recibido la tarjeta Federal de Medicare o la tarjeta de identificación del DMV para incapacitados.

El servicio Dial-A-Ride no es apto para personas cuya incapacidad física sea por menos de 90 días consecutivos de duración.

Aquellos que requieren ayuda especial podrán estar acompañados de una persona asistente o viajar con un animal de servicio.

Números de Teléfonos que Debe Recordar Norwak Dial-A-Ride

Reservaciones de Dial-A-Ride..... (562) 929-7512
 Servicio al Cliente..... (562) 929-5550
 Despacho de Taxi/Reservaciones..... (866) 400-4841
 TTY..... (800) 855-2880
 Centro de ancianos de Norwalk..... (562) 929-5580
 Centro de Servicio Social de Norwalk..... (562) 929-5544

Reservaciones de Marque, para un Aventón se pueden hacer Lunes – Viernes 6:30 a.m. - 7:30 p.m. Sábado y Domingo 8:30 a.m. - 6:00 p.m. Individuos elegibles bajo el Americans with Disabilities Act (ADA) que deseen viajar fuera de Norwalk Pueden llamar Access Service, Inc, al (800) 827-0829

Solicitud de Elegibilidad para el Servicio Dial-A-Ride

- Para ser elegibles por edad de por lo menos 60 años, o si usted tiene tarjeta Federal de Medicare, o la tarjeta de identificación del DMV para incapacitados, llenar partes 1 & 2 y proveer una copia de la prueba de edad que muestre su photo y su fecha de nacimiento.
- Para ser elegible por incapacidad física, por favor llenar Partes 1, 2, & 3.

Por favor completa solicitud, corte la línea de punteada y envía por correo a:

**Norwalk Transit System
 12700 Norwalk Blvd., Norwalk, CA 90650**



Corte la línea de punteada

PARTE 1 (escribir claramente por favor)

Nombre _____
 Domicilio actual _____
 Ciudad _____ Estado _____ Area postal (ZIP) _____
 Teléfono () _____
 Fecha de Nacimiento (MM/DD/AAAA) _____
 Idioma que Habla: Inglés Español
 Otro _____
Información en Caso de Emergencia:
 Nombre _____
 Relación _____
 Teléfono () _____
 Firma del solicitante _____

PARTE 2

Si está recluso(a) a silla de ruedas ¿De qué tipo es?
 Manual Eléctrica Scooter
 Usa regularmente un andador? Si No
 ¿Usa regularmente bastón? Si No
 ¿Tiene un(a) asistente? Si No

PARTE 3 Declaración Del Médico

Patient's Name _____
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Physician's Name (type or print) _____
 Business Address _____
 City, State, Zip () () _____
 Phone No./Fax No. _____
 State License No. _____
 I certify that I am a licensed physician in the State of California and have knowledge of the above applicant. In my professional opinion, this patient qualifies for Norwalk Transit's Dial-A-Ride Van Service.
 Physician's Signature _____ Date _____



Dial-A-Ride Program



Effective: November 2017