

Santa Ynez Valley Transit Dial-A-Ride Application Form

Please send application form with photocopy of state-issued ID to:

Attn: ADA Coordinator
Santa Ynez Valley Transit
431 Second St., Suite 9
Solvang, California 93463

Last Name: _____ First Name: _____ Date of Birth: ____/____/____

Home Address: _____

Mailing Address (if different from home address) _____

Telephone Day () _____ Telephone Evening () _____ Sex: Male Female

Are you over the age of 60? Yes No Are you disabled? Yes No
Please provide photocopy of a state issued ID card with this application. TTY/TTD (Hearing-Impaired)
 Yes No

Please check all that apply when traveling:

- Restricted to wheelchair
If restricted to a wheelchair, is it motorized?
 - Yes
 - No
- Use of walking cane, walker, or crutches
- Personal care attendant
- Service animal
- Oxygen tank

Do you need to have information and materials provided to you in any of the following forms? (check all that apply)

- Large print
- Audio
- Other: _____

Please provide the name and telephone number of someone we may contact in the event of an emergency:
Name: _____ Relationship: _____

Address: _____

Telephone Day () _____ Telephone Evening () _____

ONLY COMPLETE THIS SECTION IF YOU HAVE A DISABILITY

This section to be completed by applicant's Physician only.

Physician's Name: _____ Phone () _____

Address: _____

What type of disability does the applicant have? (check all that apply)

- Physical disability
- Visual impairment
- Developmental disability
- Mental illness
- Other: _____
- None

Is the applicant's disability: Temporary Permanent

If temporary, what is the estimated date said disability would end: ____/____/____

I certify that the eligibility information contained in this document is true and correct.

_____/_____/_____
Physician's Signature Date

OFFICE USE ONLY

Approved: Permanent/Senior
 Temporary (until) date: ____/____/____
 Denied

By: _____
Date: ____/____/____