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## Physician's Verification for El Monte Dial-A-Ride Eligibility

### Note To Certifying Physician:

In order to certify individuals as disabled eligible you must:

- Agree to only certify, as eligible, those individuals who meet or exceed the criteria for disability as established by Social Security Administration
- Agree, upon request, to provide verification of the information provided.

*To be completed by an authorized California Physician*  
- Please Print -

**Patient/Applicant:** \_\_\_\_\_

**Patient is**  **Permanently Disabled**  
 **Temporary Disabled until (must specify)** \_\_\_\_\_

**Physician's Name:** \_\_\_\_\_ **State License #:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Office Manager:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_

*I hereby certify that I am a legally licensed physician of the State of California and have personal knowledge of this applicant. I recommend that the applicant be certified to use the City of El Monte Dial-A-Ride because of the following disability: (please be specific)*

\_\_\_\_\_  
\_\_\_\_\_

*The disability prevents the applicant from using regular public transit services because*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Physician's Signature:** \_\_\_\_\_ **Date :** \_\_\_\_\_

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*Please attach  
physician's business card here*

**Return this form to:**  
  
**CITY OF EL MONTE  
DIAL-A-RIDE PROGRAM  
3990 Arden Drive  
El Monte, CA 91731-2603  
(626) 580-2217  
(626) 580-2238 fax**

**- Office use only -**

*Information verified by:* \_\_\_\_\_

*Date:* \_\_\_\_\_ *Time:* \_\_\_\_\_

*Contact:* \_\_\_\_\_

*Approved by:* \_\_\_\_\_