Dial-A-Ride Physician's Verification of Eligibility Form

(For disabled applicants under 62 years of age)

City of Sierra Madre
Community & Personnel Services Department.
232 W. Sierra Madre Blvd.
Sierra Madre, CA 91024
(626) 355-7135
www.cityofsierramadre.com

Patient/Applicant Name: _____

Patient Phone Number: (____) _____

Physician Name: _____

State License Number: _____

Physician Business Address: _____

City: _____ Zip: _____

Physician Business Phone Number: (____) _____ Extension (if any): _____

Physician E-mail: _____

Disability is (check one): ☐ Permanent ☐ Temporary

Note: If temporary disability, give expected date of recovery: _____

I hereby certify that I am a licensed physician of the State of California, have knowledge of this applicant, and recommend that the applicant be certified to use the Sierra Madre Dial-A-Ride.

_____ _____

Physician's Signature Date

Please return completed form and documentation to:
City of Sierra Mare, Dial-A-Ride, 232 W. Sierra Madre Blvd., CA 91024 Attn: Susan Clifton

Creating a Healthy Community through People, Parks and Programs