

Delano Dial-A-Ride Certification Application

For County Residence

All information on this form will be kept confidential

NAME: _____ PHONE: _____

ADDRESS: _____
STREET
CITY
ZIP CODE

DATE OF BIRTH: _____

Emergency

Contact: _____
Name
Phone
Relationship

DEPENDENTS FOR WHOM TRANSPORTATION IS REQUESTED

Names (First, Middle Initial, Last)	Date of Birth	Relationship

I certify that the information in this application is true and correct. I understand that falsification of the information may result in denial of service. I understand all information will be kept confidential, and only the information required to provide the services I request will be disclosed to perform the services.

Applicant's Signature _____

Date _____