



### Senior Dial-A-Taxi Program

#### APPLICATION FORM (Please Print)

**PARTICIPANT INFORMATION:** (Each participant must complete an application form)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_ Zip Code: \_\_\_\_\_

Major Cross Streets: \_\_\_\_\_ and \_\_\_\_\_ Gate #: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**ELIGIBILITY QUESTIONNAIRE:** (Please answer every question)

**Office Only:**

- 1. Are you a **Laguna Hills Resident**?  Yes  No **Verified:** \_\_\_\_\_
- 2. Are you **80 years or older**?  Yes  No **Verified:** \_\_\_\_\_
- 3. What is your date of birth? Month: \_\_\_\_ Day: \_\_\_\_ Year: \_\_\_\_ **Verified:** \_\_\_\_\_
- 4. Are you **65 years or older and disabled**?  Yes  No **Verified:** \_\_\_\_\_  
Describe the disability that prevents you from driving: \_\_\_\_\_
- 5. Has your disability been documented by a medical doctor?  Yes  No **Verified:** \_\_\_\_\_
- 6. Are you **60 years of age or older, unable to drive &/or loss of license**?  Yes  No **Verified:** \_\_\_\_\_  
(Department of Motor Vehicles **revoked** your license)
- 7. Do you have proof of loss of driver's license?  Yes  No **Verified:** \_\_\_\_\_
- 8. Are you enrolled in **OCTA ACCESS**?  Yes  No **Verified:** \_\_\_\_\_
- 9. Does a personal attendant/escort accompany you on **all** trips?  Yes  No **Verified:** \_\_\_\_\_
- 10. Do you use a wheelchair or mobility device?  Yes  No **Verified:** \_\_\_\_\_  
Specify type: \_\_\_\_\_

**Individual Completing Form:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Participant/or Responsible Party Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Note:** The City may require proof and/or written documentation in support of any answer provided on this application.

**RETURN TO:** Laguna Hills Community Center & Sports Complex  
Attn: Jaime Ballard  
25555 Alicia Pkwy, Laguna Hills, CA. 92653

CLASS Entered \_\_\_\_\_  
PKT 2 Sent \_\_\_\_\_  
CYC Notified \_\_\_\_\_  
CS Director Approval \_\_\_\_\_



## CITY OF LAGUNA HILLS SENIOR DIAL-A-TAXI PROGRAM

### WAIVER FORM

I hereby acknowledge that the City of Laguna Hill's Senior Dial-A-Taxi Program is a City-subsidized, program requiring the qualified resident to pay a fee of **\$5.00 per one-way trip** for any distance traveled within the City of Laguna Hills and Mission Viejo city limits ("Service Area") and to **designated satellite destinations only**. (The total cost to the participant for a round trip is \$10.00 with fees paid directly to the taxi cab operator via cash or authorized credit card.) I also acknowledge that this service is designed to support the transportation needs of qualified residents for purposes of shopping, recreational/social activities, personal business and **standard** medical appointments. If choosing to use the "**second stop**"/**cab wait** service option, I understand that the "second stop" must be scheduled with the taxi dispatcher at the time of initial service request, be within one mile of the primary destination, scheduled on the return portion of a round trip within the Service Area and **not to exceed a 20 minute cab wait** time. Qualified residents must have an approved application form on file and be issued a Senior Dial-A-Taxi photo identification card before authorization to participate in the program.

I hereby voluntarily and of my own freewill relinquish and waive the right to make any claims or bring any legal action against the City of Laguna Hills or their officers, officials, consultants, contractors, employees and/or volunteers, for any injuries, damages, charges or expenses, including attorney's fees which might be sustained as a result of my voluntary participation in the City of Laguna Hill's Senior Dial- A-Taxi Program. I also acknowledge that the City of Laguna Hills reserves the right to refuse transportation service to anyone in non-compliance with the policies and procedures governing this program. The City also reserves the right to modify the terms and conditions of this program, or terminate this program, at any time without prior notice.

Please Print:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Message: \_\_\_\_\_

Individual Completing Form: \_\_\_\_\_ Relationship: \_\_\_\_\_

Participant's (or Responsible Party's) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Please return this form to the Senior Transportation Administrator at the address listed below. Upon application review, appointments will be scheduled to verify eligibility and process a Dial-A-Taxi photo identification card. For more information, please call **949-707-2680**.

**Laguna Hills Community Center and Sports Complex**  
**25555 Alicia Parkway, Laguna Hills, CA. 92653**  
**Attention: Senior Transportation Administrator**