



## Discount Card and Dial-a-Ride Application

Card Type (Check One):

\_\_\_\_\_ **Senior (60+)** will need to provide a valid state issued photo identification or passport to prove age.

\_\_\_\_\_ **Disabled** will need to provide a valid state issued photo identification or passport along with one of the following: a Medicare card, a DMV disabled placard computer printout, a Social Security disability benefits award letter or a signature by a physician or authorized representative on page 3 of this application.

**Desired Username** (we recommend you use your email address): \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Primary Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

(NOTE - if this email is not valid then you will be unable to register or manage your online account)

**Do you require a Personal Care Attendant to travel with you in order to successfully complete a trip?** Yes \_\_\_\_\_ No \_\_\_\_\_ Certain Trips \_\_\_\_\_

**Do you use a Mobility Device? (Wheelchair, etc.)** Yes \_\_\_\_\_ No \_\_\_\_\_

**If answered yes above, specify type:** \_\_\_\_\_

**Address:**

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_

*Office Use Only – 2017-04-25*

**Card Number:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Date Completed:** \_\_\_\_\_

**Security Number:** \_\_\_\_\_



## **Security Questions**

If you need to call customer service, they may ask you to provide your birthplace and two security questions to verify identity. Please provide the following information:

**Birthplace:** \_\_\_\_\_

Please circle **TWO** of the security questions below and place **BRIEF** answers in the spaces provided below

1. What was the name of your elementary/primary school?
2. What is your youngest brother's birthday? (01/15/1995)
3. Where does your nearest sibling live?
4. What was the last name of your third grade teacher?
5. What was the name of the boy or girl you first kissed?
6. In what city or town did your mother and father meet?
7. What was the name of your first stuffed animal?
8. What is your oldest cousins first and last name?
9. What was your childhood phone number including area code? (000-000-0000)
10. What school did you attend in sixth grade?
11. What is your oldest sibling's middle name?
12. What is your oldest sibling's birthday month and year? (ex. January 1965)
13. What is the middle name of your youngest child?
14. What street did you live on in third grade?
15. What is the name of your favorite childhood friend?
16. In what city did you meet your spouse/significant other?
17. What was your childhood nickname?
18. In what city or town was your first job?
19. What is your maternal grandmother's maiden name?

**Answer #1:** \_\_\_\_\_

**Answer #2:** \_\_\_\_\_



# EL DORADO TRANSIT

## Disabled Eligibility Application

For a disabled discount card, please provide either a Medicare card, a DMV disabled placard computer printout or a Social Security disability benefits award letter. If you do not have any of these documents, you will need to have a physician or authorized representative provide their information and signature in this box.

Healthcare/Social Service Professional Verification for Disabled Eligibility – To be completed by a professional who can best document applicant’s abilities (a license is not required).

Please provide your professional contact information:

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

Profession/Agency: \_\_\_\_\_

License # (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**I certify that this individual is in fact disabled and qualifies for reduced fare on El Dorado Transit services.**

\_\_\_\_\_  
Professional Signature

\_\_\_\_\_  
Date

## Applicant Signature

I attest under penalty of perjury that the above information is true and correct. If it is determined by El Dorado Transit that the information provided is incorrect, I understand that my discount card may be terminated. I also give permission to El Dorado Transit to contact my healthcare/social services professional regarding this application.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

## Next Steps

Submit your application to El Dorado Transit one of the following ways:

**By Email:**

[info@eldoradotransit.com](mailto:info@eldoradotransit.com)

**By Fax:**

(530) 622-2877

**Mail / In Person:**

El Dorado Transit  
6565 Commerce Way  
Diamond Springs, CA 95619

**Please send this completed form along with the required documents as listed on Page 1. Once the application is processed, El Dorado Transit staff will call you to set up an appointment at the El Dorado Transit office. Please allow up to 21 business days for processing.**