CITY OF LAGUNA HILLS Member ID: _____

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 #**: _____

Phone Number: _____ **Emergency Contact**: _____ **Phone**: _____

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

1. Are you a **Laguna Hills Resident?** ☐ Yes ☐ No **Verified:** ____

2. Are you **60 years or older?** ☐ Yes ☐ No **Verified:** ____

3. What is your date of birth? Month: ___ Day: ___ Year: ___ **Verified:** ____

4. Are you enrolled in **OCTA ACCESS**? ☐ Yes ☐ No

5. Does a personal attendant/escort accompany you on **all** trips? ☐ Yes ☐ No

6. Do you use a wheelchair or mobility device? ☐ Yes ☐ No
   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: Jessica Cardenas
25555 Alicia Pkwy, Laguna Hills, CA. 92653

CivicRec Entered ____
Packet Given ____
CYC Notified ____
Administrator Approval ____

CITY OF LAGUNA HILLS Member ID: _____

Senior Dial-A-Taxi Program

WAIVER FORM

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. I hereby acknowledge I received and agree to comply with the Program Guidelines.

Please Print:

Name: _____

Address: _____Apt #:_____Zip:_____

Phone Number: _____ Email: _____

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