

New Paratransit User Information Form



User's Information

Name Required

What's your birthday? Required



Address Required

City Required

State Required

Zip Code Required

Phone Number Required

E-Mail address Required

Transportation Questions Required

Do you live alone (Select 1 option)

- Yes
- No

Do you receive rides from a family friend? (Select 1 option) Required

- Yes
- No

Do you have a caregiver? (Select 1 option) Required

- Yes
- No

Your caregiver's name Required

Complete this field if you selected "Yes" in *Transportation Questions: Do you have a caregiver?*

Would you like Dial-A-Ride van service? (Select 1 option) Required

- Yes
- No

Would you like to purchase discount Taxi Coupons? (Select 1 option)

Required

- Yes
- No

Are you qualified for the LA County Access Paratransit Program?
(Select 1 option)

Yes

No

Reasons you are unable to drive and have difficulty riding buses:

Required

Do you use any mobility devices to assist with your movement? (Select 1 option) Required

Yes

No

Mobility Devices Required

Complete this field if you selected 'Yes' in Transportation Questions: *Do you use any mobility devices to assist with your movement?*

Cane

Walker

Wheelchair

Motorized Scooter

None

Other

What are the top Culver City destinations that you would like to travel to? Required

Your Doctor's Information Required

Doctor's Address

Required

Doctor's Phone Number

Emergency Contact Information Required

Emergency Contact's Name

Emergency Contact Phone Number Required

What is their relationship to you? Required

Once you submit this form please reach out to Mike Odunze at Mike.Odunze@culvercity.org - thank you!

If you prefer to print and mail a hard copy please send it to:

Culver City Senior Center

ATTN: Disability and Social Services Office

4095 Overland Avenue

Culver City, CA 90232

If returning by fax, please use (310) 253-6711

Please complete the following:

I'm not a robot

reCAPTCHA
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