

Dial-A-Taxi Application

Torrance residents only. Proof of residence required.

To be completed by the Certifying Professional. Please refer to criteria for qualifying medical disabilities.

The following health care professionals may certify disabilities:

- M.D. & D.O.
- Chiropractors
- Optometrist
- Audiologist
- Podiatrist
- Clinical Psychologists

Medical disability criteria include:

- Mobility Impairments – Section 1 -#1-5
- Physical Impairments – Section 2 -#1-5
- Visual Impairments – Section 3 -#1-2
- Mental/Emotional Impairments – Section 4 -#1-2
- Hearing Impairments – Section 5 -#1-2

Patient Information (Please Print Legibly)

Name of Patient: _____

Patient Address: _____

Patient Phone Number: _____

Patient Date of Birth: _____

Patient E-mail Address (if you desire purchase receipts): _____

Diagnosis and Type of Treatment: _____

Disability Criteria Section & Sub-section #: _____

Name of Treatment Facility: _____

Facility Address: _____

City: _____ Zip: _____

Note: All information is kept confidential.

I, Dr. _____ certify that the information above is true and that the above-named patient is eligible for Dial-A-Taxi service because of a transportation dysfunctional impairment. I have completed this application and recommend that the Torrance Transit System issue Dial-A-Taxi as:

() Temporary Disability (up to one year) () Permanent Disability

Please provide an explanation why patient can not board or alight from a standard bus:

(Physician Signature)

(Date)

Physician Information

Physician's Medical Office Name: _____

State License Number: _____

Medical Specialty: _____

Address: _____

City: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Torrance Transit System reserves the right to make final determinations of eligibility.

PLEASE PERSONALLY BRING THE FOLLOWING ITEMS TO THE WEST ANNEX TRANSIT CENTER:

- **THIS APPLICATION FORM**
- **YOUR GOVERNMENT-ISSUED ID CARD**
- **YOUR RECENT UTILITY BILL** (i.e. gas or electricity bill)

**West Annex Transit Center
3031 Torrance Blvd.
Torrance, CA 90503**

Registration hours:

Monday-Thursday: 10:00am-12:30pm and 2:00pm to 4:30pm.

Alternating Fridays (please call in advance to schedule): 10:00am-12:30pm and 2:00pm-3:30pm.

**If you have questions, please contact us at:
(310) 618-2536**

MEDICAL DISABILITY CRITERIA

MOBILITY IMPAIRMENTS (Section 1 – Sub-Sections 1-5)

1. Non-ambulatory – requires use of a wheelchair
2. Mobility Aided – requires use of an AFO or larger leg brace, walker, or crutches to achieve mobility
3. Arthritis – Therapeutic Grade III or worse, Functional Class III or worse, Anatomical Grade III or worse
4. Amputation/Deformity – Traumatic loss of muscle mass or tendons or x-ray evidence of bony or fibrous ankylosis, joint subluxation or instability of both hands, one hand and foot, or amputation at or above tarsal region
5. Stroke – causing Pseudobulbar Palsy, sustained functional motor deficit of gross/dexterous movement or gait, ataxia affecting two extremities

PHYSICAL IMPAIRMENTS (Section 2 – Sub-Sections 1-5)

1. Respiratory – Class III or greater
2. Cardiac – Vascular impairments of Functional Class III or IV and Therapeutic Class C, D, or E
3. Dialysis – Individuals who require kidney dialysis to live
4. Neurological Impairments – as contained in Disability Evaluation Under Social Security Publication
5. Chronic Progressive Debilitating Disorders – Diseases that are characterized by chronic symptoms such as fatigue, weakness, weight loss, pain and changes in mental status which interfere in daily living activities and **significantly impair mobility**
 - Progressive and uncontrollable malignancies
 - Advanced connective tissue disease such as Lupus Erythematosus, Scleroderma, or Polyarteritis Nodosa
 - Symptomatic HIV – (AIDS or ARC) in CDC defined clinical group IV, Subgroups A-E

VISUAL IMPAIRMENTS (Section 3 – Sub-Sections 1-2)

1. Legally Blind
2. Visual Acuity – No better than 20/200 after correction in best eye, or visual field is contracted to 10 degrees or less from point of fixation or subtends to angle no greater than 20 degrees

MENTAL IMPAIRMENTS (Section 4 – Sub-Sections 1-2)

1. Mental/Emotional – Individual with a mental or emotional impairment listed in the Diagnostic and Statistical Manual IV of the American Psychiatric Association, the severity of which meets or exceeds standards outlined in the Disability Evaluation Under Social Security Publication. Disability must have been present for at least three (3) months and be expected to continue for at least three (3) months past the application date.
2. Autism – Syndrome consisting of withdrawal, inadequate social relationships, language disturbance, and monotonously repetitive motor behavior

HEARING IMPAIRMENTS (Section 5 – Sub-Sections 1-2)

1. Total deafness
2. Persons whose hearing loss is 70 dba or greater in the 500, 1000, and 2000 Hz. ranges