

Cityride is a transportation program for qualified seniors and individuals with disabilities living in the City of Los Angeles and designated areas of Los Angeles County. Cityride is funded by Proposition A, Local Transit Assistance (PALTA) funds and administered by the City of Los Angeles Department of Transportation with the assistance of the Department of Aging.

Customer Service

For more information about Cityride call from the 213, 310, 323 or 818 area codes at:
808-RIDE (808-7433)

TDD Number for Hearing-Impaired
(800) 559-1950

Membership Registration

Register online at ladottransit.com/cityride, or by mailing in an application. Starting July 2019 you can also register using the Cityride App.



APPLICATION



City of Los Angeles
Department of Transportation



www.ladottransit.com (213, 310, 323 or 818) 808-7433

The City of Los Angeles Department of Transportation, through the Cityride Program, offers qualified seniors and individuals with disabilities living in the City of Los Angeles and designated areas of Los Angeles County, reduced cost for:



City of Los Angeles
Permitted Taxicab Rides



Cityride Dial-A-Ride Service



and Free DASH Rides

To be eligible for Cityride, you must be aged 65 or older, or have a disability, and live in the City of Los Angeles or portions of the following Los Angeles County unincorporated areas: Marina Del Rey, Kagel Canyon, Topanga, and areas near Calabasas, Chatsworth, Carson, and Long Beach.

As a registered participant, you will receive a Cityride Card with your name and card number on it (keep it safely in your purse or wallet). You may purchase \$84 of fare value quarterly, which can be used for payment of City-permitted taxicab service and/or Cityride Dial-A-Ride service.

For more information on how to load fare value and schedule a trip refer to the Cityride Program Guide which you will receive with your Cityride Card.





Application for Registration

Esta aplicación también se puede conseguir en español.

First-Time Application

Applicants should submit:

1. A completed and signed form.
2. **For seniors:** A copy of your birth certificate, Medi-Cal card, DMV card, passport or other government-issued document showing your age.

For persons with disabilities: A copy of your Metro disabled identification.
3. You may purchase fare value for the quarter with this application by including a check*/money order for \$21 (\$9 for low-income participants) payable to Cityride. Once your application has been approved and your account established, funds can also be added online at ladottransit.com/cityride or by using the Cityride App, starting July 2019.

Low-Income: To qualify for a low-income rate, a copy of your Medi-Cal card or your Supplemental Security Income award letter is required

4. **Mail all applicable items to:**
Cityride
P.O. Box 866003
Los Angeles, CA 90086

* Returned checks incur a \$35 fee.

Emergency Preparedness Plan

As part of the City of Los Angeles' Emergency Preparedness Plan, Cityride can provide your name, address and telephone number to authorized emergency responders. This would be used to locate

individuals for possible evacuation in the event of a disaster.

Please check the box on the application indicating your authorization choice.

Cut along dotted line

Last Name _____ First _____ M.I. _____

Home Address _____ Apt # _____
No P.O. Box

City _____ State _____ Zip Code _____

Mailing Address _____
Only if different

Phone Number _____ Date of Birth (M/D/Y) _____

Email Address _____

Emergency Contact _____ Relationship _____

Emergency Contact Primary Phone _____

I am enclosing documentation that I qualify for Cityride as: (choose one)

- A Senior Citizen, 65 or older** (A copy of my birth certificate, Medi-Cal Card, passport, DMV card, or other government-issued document showing my age.)
- Having a Disability** (A copy of my Metro disabled identification is acceptable proof. A doctor's note is valid proof for 60 days, after which I must obtain Metro disabled identification.)

I am enclosing a copy of my Supplemental Security Income Award letter or Medi-Cal card which qualifies me for the low-income rate

I currently use a wheelchair

Emergency Preparedness Plan

Yes, provide my information No, do not provide my information

I declare, under penalty of perjury, under the laws of the State of California that the responses I have given are true.

Applicant's signature (or guardian, if applicable) Date