



City of Seal Beach
Community Services and Recreation Department
211 8TH Street, Seal Beach, CA 90740

FOR OFFICIAL CITY USE ONLY

SB ID #:

Date Assigned:

Seal Beach Transportation Program Application

Enhanced Mobility for Seniors and Adults with Disabilities

Requirements for Admission

Incomplete applications will NOT be processed

- The participant must be a current resident of the City of Seal Beach.
- Provide proof of residency: utility bill, home insurance, deed, or acceptable documentation with name and address clearly indicated.
- Provide a copy of your personal photo identification card: driver's license or identification card, or a government issued ID.
- Individuals under 60 years of age require a Physician's Letter submitted with the application documenting self-stated disability.

Application Submission: via email to: tmarocco@sealbeachca.gov OR in person or by mail to: City of Seal Beach, 211 8th Street, Seal Beach, CA, 90740

**** Please note: Leisure World residents may provide their Golden Rain Foundation ID in lieu of documentation to proof residency. ****

Participant Information

First Name:	Under 60 Years Old? <input type="checkbox"/> Yes <input type="checkbox"/> No	Birth Date (MM/DD/YY):
Last Name:	Gender:	
Address:		
Phone:	Email:	

Emergency Contact Information

First & Last Name:	Relationship:
Phone:	Email:
First & Last Name:	Relationship:
Phone:	Email:

Mobility Information

Does the participant have any physical or functional limitations, impairment, or restrictions? If yes, please describe:

Does the participant require a mobility device or special mobility assistance equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> Cane <input type="checkbox"/> Scooter <input type="checkbox"/> No <input type="checkbox"/> Walker <input type="checkbox"/> Wheelchair Other: _____
Will a personal care attendant or assistant be traveling with The participant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the participant require door-to-door assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Release

I hereby wave the right to make any claims against the City of Seal Beach, its officers, agents, employees, and volunteers from any and all claims, damages, liability, bodily injury, death, expenses, and judgments, including attorney fees, expert witness fees, and court costs in any way arising from my (and personal care attendant) participation from the City of Seal Beach's Senior Transportation Program. This waiver is given in partial consideration for permission granted by the City of Seal Beach to participate in the Program. I further understand that the City does not provide any form of insurance for program participants (and personal care attendants).

I have read and understand this release from liability. My signature verifies all information in this application to be true.

Signature: _____ Date: _____