



# American Samoa Government

## Dial a Ride Program – Telefoni mo se Auala



**Interview Date:** \_\_\_\_\_ **Membership ID No:** \_\_\_\_\_

- 1) Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ 3) Age: \_\_\_\_\_ 4) Gender: [ ] Male [ ] Female  
 5) Village: \_\_\_\_\_ 6) Contact Numbers: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 7) Contact Person in case of emergency: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
 8) What is your disability or limiting condition? \_\_\_\_\_  
 9) Is your need for the Dial a ride service long term or temporary? \_\_\_\_\_  
 10) Will you be using any of the following mobility aids?

- Wheelchair     Walker     Cane

11) Will you be traveling with a Personal Care Attendant (PCA) when using the Dial a ride transit service?

- Yes     No

Name: \_\_\_\_\_

12) List any medical conditions such as Diabetes, High blood pressure or Seizures etc....if known

**Pick up Location:** Ambulatory passengers - information to closest bus stop or main road location. For persons using mobility aids – detailed directions to home for door to door service.

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An assessment team will drive to your home to assess the accessibility of your road to determine the size of vehicle best for your ride. The team will also determine a safe spot for wheelchair lift deployment. Upon successful review and determination of your eligibility you will be issued your Membership ID card to begin your service.

Signed by: \_\_\_\_\_ Completed by: \_\_\_\_\_

Applicant / Representative

Agency Rep. filling out application

For any further inquiries feel free to contact our office and ask for Cathy Faoa-Danielson or Adelle Tilei-Fenumia'i at 699-5357/699-5367 or email [cathy.faoa-danielson@dpw.as.gov](mailto:cathy.faoa-danielson@dpw.as.gov).

Approved by: \_\_\_\_\_

FTA DAR Manager

Date: \_\_\_\_\_