



Physician's Verification for La Habra Shuttle, "Ride with Pride" Senior & Disabled Transit Eligibility

(Only for disabled applicants under 60 years old)

City of La Habra Community Services Department

101 W. La Habra Blvd.

La Habra, CA 90631

562-383-4200

Fax: 562-383-4482

Dear Physician:

The verification form below will qualify residents of the City of La Habra who are physically disabled. This form will serve as proof of disability and provide eligibility for those residents under the age of sixty (60). If you have any questions about this verification form please contact Social Services Manager Josie Anderson at 562-383-4217.

To be completed by an authorized California Physician

Physician's Name _____

Business Address _____

City _____ State _____ Zip _____

Phone _____

I hereby certify that I am licensed physician of the State of California, Have knowledge of this applicant, and recommend that the applicant, _____, be certified to use the City of La Habra transportation service because of the following disability which prevents this applicant from using regular transit services:

Physician's Signature _____ Date _____