



MORONGO BAND OF MISSION INDIANS

# MDAR APPLICATION



Last Name: \_\_\_\_\_ First: \_\_\_\_\_ M.I.: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Mailing Address if different: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Date of Birth (M/D/Y): \_\_\_\_\_ Emergency Contact #: \_\_\_\_\_

I am enclosing documentation that qualifies me for the Morongo D-A-R Program as a resident living on the Morongo Reservation.

### Qualified Recipients:

Please Check:

- Persons with disabilities  Persons ADA Certified
- Tribal Students (services restricted to school hours, days and locations)
- Elderly/Senior 55+(with ID)
- Morongo TANF Recipients  
\*Please note: Underage passengers must be accompanied by an adult. Any child 46" tall or under rides free when accompanied by a fare paying adult.
- Tribal Employees working on tribal premises (with ID)\*  
\*Please Note: Services for Tribal employees are restricted to the hours of 11:00am to 1:00pm, Monday-Friday

### Qualified Documentation:

DMV or Morongo Tribal identification(s), or other government-issued document showing proof of age and residence. A current ADA certificate or showing proof of disabilities. Note: All medical documentation must be current and valid within 60 days of application submission.

**I currently use a wheelchair (Please Circle) Yes / No**

I declare, under Morongo Band of Mission Indians that the written responses towards my application and the documentation provided are true and accurate.

Please Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
(If the applicant is a Minor, Parent/or guardian must fill and sign the application)

... OFFICE USE ONLY ...

Application #: \_\_\_\_\_

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