

WHEELING TOWNSHIP - SENIOR BUS SERVICE

1616 N. ARLINGTON HEIGHTS ROAD, ARLINGTON HEIGHTS ILLINOIS 60004

BUS SERVICE: 847-259-7743 GENERAL OFFICE: 847-259-7730

REGISTRATION FOR SENIOR BUS

For Senior Citizens age 60 and over

(See Transportation Information sheet for eligibility requirements)

Please print clearly.

NAME _____ BIRTH DATE _____

STREET _____
ADDRESS _____

ZIP _____
CITY _____ CODE _____ HOME PHONE (____) _____

EMERGENCY CONTACT (name): _____ RELATIONSHIP: _____

EMERGENCY CONTACT PHONE NUMBER (____) _____

PLEASE INDICATE ANY AIDS USED (PLEASE CHECK ALL WHICH APPLY)

____ Wheelchair/ Scooter/ Power Chair ____ Brace ____ Walker ____ Crutches/ Cane
____ Oxygen ____ Service Dog Other: Explain: _____

1. All applicants with disabilities must complete an in-office interview at Wheeling Township. The purpose is to review necessary safety procedures and inspect any equipment and aids used by the applicant. It is helpful if any caregivers also attend this interview to participate in the discussion. The Township will provide transportation for this interview.
2. If a wheelchair or scooter is used, appropriate ramps must be installed at the passenger's home before bus service will be provided.

Please answer the following:

YES NO

- | | | |
|---|-------|-------|
| 1. Do you require a lift-equipped bus? | _____ | _____ |
| 2. Will you have a caregiver riding with you? | _____ | _____ |
| 3. Are you able to keep balanced while seated on a moving vehicle? | _____ | _____ |
| 4. Can you climb three 12-inch steps without assistance? | _____ | _____ |
| 5. If you use a wheelchair or scooter: | | |
| . Are you able to independently maneuver on and off a wheelchair lift? | _____ | _____ |
| . Are you and a caregiver able to maneuver you and your mobility device, if any, on and off the bus? | _____ | _____ |
| . Is the TOTAL weight of you and your mobility device more than 600 lbs? | _____ | _____ |
| . What are the overall dimensions of the device, including head and foot extensions (inches)? Length _____ in. Width _____ in. Height _____ in. | | |

You must provide proof of age and residency!

For proof of age: send a copy of Driver's License or State I.D. (showing date of birth) or birth certificate.

For proof of residency: a state issued I.D., utility bill or rent receipt

PLEASE COMPLETE REVERSE SIDE - over

**Wheeling Township Senior Bus Service
Passenger Waiver and Release (required)**

To the extent allowed by law, I, _____ (“Passenger”),
waive and release Wheeling Township, its Board members, employees, volunteers and
agents from any and all causes of action, suits, damages and expenses, which I now
have or may acquire, by reason of injury or other damage which I may incur as a
passenger of Wheeling Township’s senior/disabled transportation service.

Registrant’s name (print clearly)

Signature

Date

If registration is for husband and wife, we require both signatures:

Print spouse’s name

Spouse’s Signature

Note: We must have ORIGINAL signatures, not photo or facsimile copies.

**BEFORE YOU SEND THIS TO US, BE SURE THAT YOU HAVE INCLUDED PROOF
OF YOUR AGE AND TOWNSHIP RESIDENCY WITH THIS REGISTRATION !**

**WHEN YOUR FULLY COMPLETED REGISTRATION FORM IS RECEIVED, YOU ARE
ELIGIBLE TO CALL AND MAKE YOUR RESERVATIONS FOR TOWNSHIP RIDES.
NO FURTHER NOTIFICATION WILL BE MADE OR PASS ISSUED.**

**WHEELING TOWNSHIP RESERVES THE RIGHT TO MAKE FINAL
DETERMINATION OF RIDER ELIGIBILITY.**

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FOR OFFICE USE ONLY

DATE _____

PROOF OF AGE AND RESIDENCY SUBMITTED _____

Rev. 9-30-08