

WHEELING TOWNSHIP – TRANSPORTATION

1616 N Arlington Heights Rd, Arlington Heights, IL 60004

Tel: 847.259.7743 * Fax: 847.259.1570 www.wheelingtowship.com



REGISTRATION FOR SENIOR BUS

(age 60 and over)

(Please print clearly)

Name _____ Birth Date _____

Street Address _____

City _____ Zip Code _____

Phone _____ Cell Phone _____

Email _____

Emergency Contact _____ Relationship _____

Phone 1 _____ Phone 2 _____

Please check all categories that apply:

Mobility Limited Hearing Impaired Respiratory Cardiac
 Visually Impaired Speech Impaired Neurological Renal/Dialysis
Aids Used (if any): Wheelchair Walker Braces Prosthetic Device
 Attendant Crutches or Cane Service Animal Other

Please answer the following:

Have you been diagnosed with a communicable disease? Yes No

Persons with communicable disease may not ride on the township transportation system. You may be required to provide a physician's statement certifying that you are free of a communicable disease.

Note: It may be necessary to resubmit documentation for conditions not of a chronic nature.

Do you require a lift-equipped bus? Yes No

Will you have a caregiver riding with you? Yes No

Are you able to keep balanced while seated on a moving vehicle? Yes No

Can you climb 12-inch steps without assistance? Yes No

If you use a wheelchair or a scooter:

Are you able to independently maneuver on and off a wheelchair lift? Yes No

Are you and a caregiver able to maneuver you and your mobility device, if any, on and off the bus?
 Yes No

Is the total weight of you and your mobility device 600 pounds or more? Yes No

What are the overall dimensions of the mobility device, including head and foot extensions (inches)?

Length _____ in. Width _____ in. Height _____ in.

NOTE: If a wheelchair or a scooter is used, appropriate ramps must be installed at the passenger's home before bus service will be started. The Township Transportation Department, with the assistance of the drivers, will make initial and subsequent evaluations regarding the ability to safely transport all registrants.

Our drivers will not lift, hold, transfer, or offer any physical assistance to passengers.

Please complete BOTH sides of form →

Last Name _____
(Office Use Only)
First Initial _____

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You must provide proof of age **and residency.**

Proof of age: Copy of a Driver’s License or State I.D. (showing date of birth) or a birth certificate
Proof of residency: Copy of a Driver’s License, State I.D., utility bill, rent receipt, property tax bill

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 may incur as a passenger of
Wheeling Township’s Senior/Disabled Transportation services.

Registrant’s name (print clearly)

Signature

Date

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

Spouse’s name (print clearly)

Spouse’s Signature

Date

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

BE SURE THAT YOU HAVE INCLUDED PROOF OF YOUR AGE AND TOWNSHIP RESIDENCY WITH THIS REGISTRATION.

WHEN YOUR FULLY COMPLETED REGISTRATION FORM WITH VERIFICATION OF RESIDENCY AND AGE IS RECEIVED, YOU ARE ELIGIBLE TO CALL AND MAKE YOUR RESERVATIONS FOR RIDES. NO PASS WILL BE ISSUED.

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

FOR TOWNSHIP OFFICE USE ONLY

DATE APPLIED &/OR APPROVED _____

PROOF OF AGE & RESIDENCY SUBMITTED _____

APPROVED BY: _____

WHEELING TOWNSHIP

TRANSPORTATION

SENIOR & DISABILITY SERVICES

Wheeling Township provides transportation service for seniors (age 60 and over) and *permanently* disabled residents (age 18 and over with a doctor's certification).

All riders must reside in Wheeling Township, be pre-registered with the Township Transportation Department and able to safely ride our vehicles.

- Buses operate within Wheeling Township only, with some exceptions for medical trips. *Please check with our Transportation Department.*
- Passengers should be ready 15 minutes prior to the scheduled pick-up and return times. *Drivers are allowed to wait for only 5 minutes.*
- Services are "door to door".
- Passengers must limit their purchases to 2 grocery sized bags.
- Please see reverse side for detailed service information.

Wheeling Township
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Arlington Heights, IL 60004
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Service Hours

9:00 a.m.

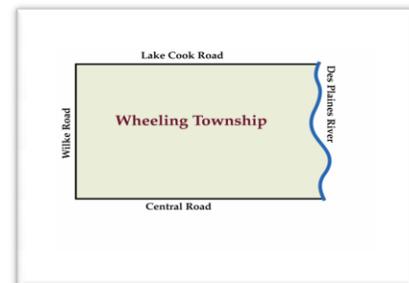
3:30 p.m.

Week days only

Advance reservation is necessary.

Only one round trip per day is allowed.

Minors and non-registered riders are not allowed to ride on the buses.



\$2.00 within Township

\$8.00 outside the Township
(Medical service only –
Please consult with the
Transportation Dept.)

Payment must be made to the driver with exact fare. No coupons, passes or prepaid tickets.

- **Dial A Ride Bus**

This is a scheduled bus service following a pre-set schedule picking up passengers from their homes and dropping them off at destinations throughout the Township. Times are *approximate within 15 minutes*. (Grocery stores, beauty shops, banks, etc.)

**Reservations are required and MUST be made
2 business days in advance**

- **Medical Bus**

This bus service is provided from Medical appointments ONLY. Pick-up times are determined by the rider's appointment time. Riders call the office for a pick up AFTER their appointment.

**Reservations are required & may be made up to
30 business days in advance.**

Due to heavy demand, a minimum of 10 business days advance notice is recommended.

Please make your medical appointments no earlier than **9:30AM** or later than **2:00PM**.
You must be finished by **3:30PM** to allow for return ride.

- The Medical Bus service is for use within Wheeling Township. However, a few health care locations in nearby areas are served. (Glenbrook Hospital, selected dialysis/cardiac treatment centers and select medical offices – call for more info)
- Our drivers are NOT trained medical professionals. Riders must be in stable condition, be able to ride in a sitting position and **WILL BE PERIODICALLY EVALUATED FOR SAFE TRANSPORT.**
- All riders must be free from having a communicable disease. You may be required to provide a physician's statement certifying you are free of a communicable disease.
- One registered caregiver is allowed to ride with the patient at no charge.
- Riders are permitted to call for their return ride when they are finished with their visit. It is normal to wait between 15-20 minutes, but this time can be longer depending on circumstances.

Dial A Bus & Medical Bus

Service Information

Reservations: Call (847) 259-7743 (calls are taken from 9:00am-4pm). Please speak with our Transportation office to make a reservation. You may leave a message and we will call you back.

Cancellations: Cancellations can be made anytime by calling (847) 259-7743. Please cancel as soon as possible. You may leave a message on the office recording.