

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

1616 N. Arlington Heights Rd.

Arlington Heights, IL 60004

Phone : 847.259.7743

Fax: 847.259.1570

www.wheelingtowship.com

Service Hours

9:00 a.m.

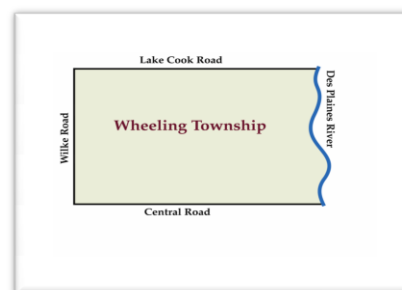
3:30 p.m.

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.) **2 GROCERY SIZE BAG LIMIT PER RIDE**

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.

WHEELING TOWNSHIP – TRANSPORTATION

1616 N. Arlington Heights Road Arlington Heights Illinois 60004
T: 847.259.7743 F: 847.259.1570 www.wheelingtowship.com

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

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

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

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

*PLEASE SEE THE FOLLOWING PAGE FOR YOUR PHYSICIAN TO COMPLETE AND RETURN TO
WHEELING TOWNSHIP.*

FOR TOWNSHIP OFFICE USE ONLY: DATE _____
APPLICATION: APPROVED _____ DENIED _____ REASON FOR DENIAL _____
PROOF OF AGE & RESIDENCY SUBMITTED: _____ INITIALS _____

9-Feb-18

WHEELING TOWNSHIP – TRANSPORTATION

1616 N. Arlington Heights Road Arlington Heights Illinois 60004
T: 847.259.7743 F: 847.259.1570 www.wheelingtowship.com

Date _____

Patient Name _____ Birth Date _____

Street Address _____

City _____ Zip Code _____

PHYSICIAN STATEMENT - (MUST BE COMPLETED BY PHYSICIAN) (PLEASE PRINT)

NOTE THAT WHEELING TOWNSHIP DISABILITY TRANSPORTATION SERVICE IS FOR PERSONS AGE 18 AND OVER WITH PERMANENT DISABILITIES.

A PERSON WITH A DISABILITY:

- . Has a physical or mental impairment which substantially limits one or more major life activities;
- . Has a record of such impairment; or
- . Is regarded as having such impairment, whether he/she has the impairment or not.

“Major life activities” includes caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, sitting, standing, lifting and working; as well as mental and emotional processes such as thinking, concentrating, and interacting with others.

1. Is this a PERMANENT disability? Y/N _____
2. In your opinion, is the patient able to ride the Wheeling Township Bus? Y/N _____
3. In your opinion, does this person require a caregiver or assistant to safely navigate the bus?
(For the additional safety of our passengers, we prefer that all riders with disabilities be accompanied by a caregiver/ assistant / family member.) Y/N _____
4. Type of disability (PLEASE DESCRIBE & BE SPECIFIC): _____

5. Is the patient ambulatory? Yes _____ No _____
Describe the patient’s level of mobility: _____

6. Other comments, especially regarding safety? _____

PHYSICIAN’S NAME (Please print): _____

PHONE # (_____) _____

BUSINESS ADDRESS: _____

CITY _____ **ZIP** _____

PHYSICIAN’S SIGNATURE: _____ **LICENSE #** _____

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



Passenger Transportation Rules & Guidelines

These Rules & Guidelines are for your protection when you use our transportation. This form must be signed and dated before being allowed to use Wheeling Township's Transportation program.

I agree to the following

Wheeling Township Transportation rules:

- 1. I will allow my driver to assist me on and off the bus.**
- 2. I will listen to, and heed, any instructions regarding getting onto or off of the bus.**
- 3. Once I am seated, I will either fasten the seatbelt myself, or allow my driver to fasten it for me. If I do not agree to use the seatbelt, I understand that the driver will not be able to transport me.**
- 4. Once the bus is moving, I will not undo my seatbelt, nor will I stand up or move around on the bus.**
- 5. I will remain seated until the bus comes to a complete and total stop and my driver tells me that he is ready for me to disembark.**
- 6. I will not get off the bus until my driver is at the door, ready and waiting to help me disembark.**
- 7. I understand I may not be transported if I do not follow these rules.**

Name (print clearly) _____

Signature _____

Date _____

TRIP PROGRAM

Township Riders Initiative Program

Information for Wheeling Township residents



This program provides limited transportation

outside of Wheeling Township

(to selected other townships) for Wheeling Township seniors [60+] and those over 18 who are permanently disabled.

This service is for medical appointments only.

GENERAL INFORMATION:

- Residents must be registered as a Township bus rider and must complete a separate **TRIP** program registration form in order to use this service. This program is only available to residents of these Townships: Elk Grove, Hanover, Palatine, Schaumburg and Wheeling.
- The participating Townships administer the program, but transportation is provided by contract with **Pace**. All Pace vehicles are lift-equipped to assist riders with disabilities.
- Registration processing time (**with Pace**) is approximately 1 week before rides may be taken.
- This service is for **medical appointments only** (doctors, dentists, hospitals, therapy, etc.). **TRIP** is an appointment based service which uses passenger vans. Rides to nursing homes and hospitals for visits are allowed in this program as well.
- Advance reservations are required and rides must not duplicate existing Township services.
- Cost of **TRIP** program transportation is \$10 round trip when crossing one Township border and \$20 if crossing 2 or more Township borders. Riders must have **EXACT CHANGE** for each ride since drivers cannot make change and each ride may have a separate driver.
- One caregiver or service animal may accompany the rider (no added charge), but the caregiver must also be registered with the **Township** and **TRIP**.
- Please have a photo ID available to present to the driver at the time of your pickup.

DESTINATIONS: Service area includes Barrington, Palatine, Hanover, Schaumburg, Elk Grove and Maine Townships. Service is also provided to VA medical facilities in Maywood (Jesse Brown/Edward Hines Hospitals), Elgin (Community Based Outpatient Center), North Chicago (Lovell Healthcare Center) and John H. Stroger, Jr. Hospital of Cook County, Rush University Hospital, University of Illinois, Loyola University Medical Center, Northwestern Memorial Hospital, Good Shepard Hospital, ARA South Barrington Dialysis Center and specified Social Security offices.

HOURS OF OPERATION: Mon--Fri: 5:00am to 9:00pm; Saturday: 7:00am to 4:00pm

TO REGISTER FOR THIS SERVICE: Call Wheeling Township at 847-259-7743

FOR RIDE RESERVATIONS
CALL WHEELING TOWNSHIP TRANSPORTATION at 847-259-7743

Call Wheeling Township at 847-259-7743. Wheeling Township reserves your rides with Pace and schedules all travel times.

- Reservations are required and may be made **7 days in advance**, with a minimum of **3 (business) days before the ride**. Long-term repeat requests may only be arranged for dialysis, chemotherapy and similar medical treatments; others require weekly calls.
- When making a **TRIP** ride reservation, be prepared to give your contact telephone number and suite number of the medical offices (doctor, hospital, etc.) where you are scheduling your appointment. This is needed in case the **TRIP** dispatcher needs to contact you.
- Note that all **pickups** and **returns** are scheduled **in advance** for this service.

FOR CHANGES OR CANCELLATIONS ON THE DAY OF THE RIDE:

Call Pace at 1-800-554-7599. DO NOT CALL WHEELING TOWNSHIP!

- If the line is busy, call **847-832-9450** (press #2 for dispatch)
 - After hours, call **1-800-606-1282** (press #3)

ON THE DAY OF THE RIDE:

1. When you arrive at the medical facility for your appointment, tell the medical staff that you have a return bus scheduled at a specific time. If staff feels you will need more time, please call Pace **immediately** at **1-800-554-7599** to reschedule your pick-up time.

If you miss your scheduled return time, you must call the **Pace** dispatcher at the **1-800-554-7599** #2 DISPATCH to schedule a new pickup time.

For comments about TRIP services: please call Pace Customer Relations at 800-606-1282 #2

Wheeling Township
Transportation Department
1616 N Arlington Heights Road
Arlington Heights, IL 60004
847-259-7743

TRIP PROGRAM

(TOWNSHIP RIDERS INITIATIVE PROGRAM)

BUS RIDERSHIP REGISTRATION for DISABLED ADULTS OVER 18 YEARS OF AGE

Wheeling Township

Phone: 847-259-7743 > Fax: 847-259-1570

(Please print)

Name _____ Birth Date _____

Address _____ City _____

Nearest Major Cross Streets _____

Township _____ Zip Code _____

Phone _____ Cell Phone _____

Gender _____

Emergency Contact _____ Relationship _____

Phone 1 _____ Phone 2 _____

.....
Please Describe Your Disability: _____

_____ Please Check All Categories That Apply:

_____ Mobility Limited _____ Hearing Impaired _____ Respiratory
_____ Visually Impaired _____ Speech Impaired _____ Neurological

Aids Used (if any): _____ Wheelchair _____ Walker _____ Braces _____ Prosthetic Device _____
 _____ Attendant _____ Crutches or Cane _____ Service Animal _____ Other _____

Do You Own a TTY (Telecommunications for the Deaf?) _____ Yes _____ No

If Yes, What is the TTY Number? _____

Do You Need the Lift Equipped Bus? _____ Yes _____ No

What is Your Primary Language Spoken? _____

Applicant's Signature _____ Date _____

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Definition: Handicapped Person" Chapter 95 1/2 , Par. 1-159.1, Illinois Revised Statutes (PA83-1058)
"Every natural person who is unable to walk 200 feet or more unassisted by another person or without the aid of a walker, crutches, braces, prosthetic device, or a wheelchair or without great difficulty or discomfort due to the following impairments: neurological, orthopedic, respiratory, cardiac, arthritic disorder, blindness, or the loss of function or absence of a limb or limbs."

I hereby certify that the physical condition of the handicapped person listed herewith constitutes him/her as a handicapped person as described under Section 1-159 of the Illinois Revised Statutes, and is over the age of 18.

Physician's Signature _____ Physician's License Number _____

Physician's Name (Please Print) _____

Address _____ Phone _____

City _____ Zip Code _____

.....
For office use only

Proof of Residency Used _____

Approved _____ Denied _____ Reason for Denial _____

Approved By _____

Date of Approval _____

Please return to: Wheeling Township, 1616 N. Arlington Heights Road, Arlington Heights,

FEB 2018