

WHEELING TOWNSHIP – TRANSPORTATION

1616 N. Arlington Heights Road Arlington Heights Illinois 60004

T: 847.259.7743 F: 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 _____

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

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.

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 Senior & Disability/Transportation Department, with the assistance of the drivers, will make initial and subsequent evaluations regarding the ability to safely transport all registrants.

Last Name _____

(Office Use Only)

First Initial _____

Please Complete Reverse Side (Over)

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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.

DATE _____

FOR TOWNSHIP OFFICE USE ONLY

PROOF OF AGE & RESIDENCY SUBMITTED _____

INITIALS _____ 5.6.2014