City of West Chicago  
Ride DuPage Transportation Program

STATEMENT OF UNDERSTANDING

I understand that the information contained on the Ride DuPage registration form will only be used to determine my eligibility status for the subsidizing sponsor and for billing and monitoring purposes.

I have received and understand the Ride DuPage User’s guide and understand the eligibility criteria. I agree to abide by the program rules and requirements adopted by the City of West Chicago.

I understand that the cab and bus companies and their drivers are independent contractors and are not employees or agents of the City of West Chicago.

I understand that the City of West Chicago exercises no control over the cab and bus companies or their drivers under this program.

I understand the City of West Chicago makes no representations regarding the quality or competency of the cab and bus companies, their drivers or other employees.

I understand that any complaints regarding the program should be directed first to Pace through their Customer Service Department (1-847-228-4208).

I understand that the City of West Chicago’s Ride DuPage program operates without regard to race, color and national origin in accordance with Title VI of the Civil Rights Act. Any person who believes he/she has been affected by any discriminatory practice under Title VI may file a complaint with the West Chicago City Administrator at 475 Main Street, West Chicago, IL 60185, (630) 293-2200.

Signature of Ride DuPage Participant                                                            Date
City of West Chicago
RIDE DUPAGE APPLICATION FORM

LAST NAME: _______________________________________________ MIDDLE INITIAL _______

FIRST NAME: _______________________________________    GENDER: ☐ MALE ☐ FEMALE

ADDRESS: _________________________________________________________________________

CITY OF WEST CHICAGO

HOME PHONE: _______ - _______ - _________

CELL PHONE _______ - _______ - ___________

DATE OF BIRTH: _____ - ______ - ________

AREA CODE                                      MONTH           DAY          YEAR

Emergency Contact (Name and Phone No.) ________________________________________________

DISABLED (under 65 yrs) must provide → RTA CARD NO. ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Do you use any of these mobility aids or equipment? (Check all that apply.)

☐ Cane ☐ Crutches ☐ Walker ☐ Portable oxygen
☐ Powered scooter ☐ Powered wheelchair ☐ Manual wheelchair ☐ Long white cane
☐ Service animal ☐ Other (please specify)

☐ I require a lift equipped vehicle

Do you ever need to bring someone with you (a “personal care assistant” or “personal attendant”)?

☐ Yes, always ☐ Yes, sometimes ☐ No

Please provide us with any additional information we should be aware of (i.e.; sight/hearing issues, Alzheimers, etc.)

FOR OFFICE USE ONLY
Incorporated Warrenville ☐ Incorporated West Chicago ☐
Winfield and unincorporated City of West Chicago ☐

*Please sign and date the Statement of Understanding on reverse side of application.*

01/4/2019