

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.

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Signature of Ride DuPage Participant

Date

# City of West Chicago RIDE DUPAGE APPLICATION FORM

LAST NAME: \_\_\_\_\_ MIDDLE INITIAL \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ GENDER:  MALE  FEMALE

ADDRESS: \_\_\_\_\_  

STREET NUMBER
STREET ADDRESS
APT. NO.

**CITY OF WEST CHICAGO**

HOME PHONE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  

AREA CODE

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.)

<input type="checkbox"/> Cane	<input type="checkbox"/> Crutches	<input type="checkbox"/> Walker	<input type="checkbox"/> Portable oxygen
<input type="checkbox"/> Powered scooter	<input type="checkbox"/> Powered wheelchair	<input type="checkbox"/> Manual wheelchair	<input type="checkbox"/> Long white cane
<input type="checkbox"/> Service animal	<input type="checkbox"/> Other (please specify)		
<input type="checkbox"/> I require a lift equipped vehicle			
Do you ever need to bring someone with you (a “personal care assistant” or “personal attendant”)?			
<input type="checkbox"/> Yes, always		<input type="checkbox"/> Yes, sometimes	
		<input type="checkbox"/> No	
Please provide us with any additional information we should be aware of (i.e.; sight/hearing issues, Alzheimers, etc.)			

<b>FOR OFFICE USE ONLY</b>	
Incorporated Warrenville <input type="checkbox"/>	Incorporated West Chicago <input type="checkbox"/>
Winfield and unincorporated City of West Chicago <input type="checkbox"/>	

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