

RIDE DUPAGE REGISTRATION FORM

Today's Date: New Registration Change of information

CLIENT INFORMATION

First N: _____ M: _____ Last N: _____

SS# (not required): _____ DOB: _____ F M

Address: _____ Unit: _____ City: Elmhurst Zip: 60126

Closest Intersection: _____ Home Ph: _____ Cell: _____

Emergency Contact Name & Phone Number(s): _____

I live in a residential facility Name of Facility: _____

Facility Phone #: _____ Facility Contact Person: _____

Comments: _____

DISABILITY CATEGORY

RTA Reduced Fare Card Number: _____

Visually Impaired Hearing Impaired Verbally Impaired

Physically Disabled Mental Health Cognitive/Developmental Disability

Other: _____

MOBILITY AIDS

Wheelchair/Scooter (Must be ADA standard size 30" wide, 48" long and less than 600 lbs including passenger's weight.)

Service Animal Crutches Portable Oxygen Walker/Cane White Cane

Other: _____

PICK-UP AT HOME INSTRUCTIONS

Pick-up Location/Area Description (i.e. side door, alley entrance, etc.): _____

OFFICE USE ONLY

Elmhurst Fare Type: DUPELD DUPDIS

Bus Only Taxi Only Bus or Taxi

Sponsor Contact: _____ Phone: _____

Comments: _____

1. Please name and save registration form with client's last name and then first name and date.
2. When sending registration to ride.dupage@pacebus.com, put the clients last name and then first name in the subject field.

City of Elmhurst
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 Elmhurst.

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

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

I understand that the City of Elmhurst 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 Elmhurst'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 Elmhurst City Manager at 209 N. York Street, Elmhurst, IL 60126, (630) 530-3010.

Signature of Ride DuPage Participant

Date