



## Ride DuPage Application

Mail to Wayne Township, Ride DuPage, 27W031 North Avenue, West Chicago, IL 60185 or  
Email to [czydowsky@waynetwp-il.org](mailto:czydowsky@waynetwp-il.org)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender (Circle One): Male or Female

Name of Resident Facility: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Closest Intersection: \_\_\_\_\_

Home Phone #: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_ Cell phone #: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_

Emergency Contact Name and Phone #: \_\_\_\_\_

Travel Assistant Name and Phone #: \_\_\_\_\_

Relationship to Rider: \_\_\_\_\_

**Qualification** (circle one): I am 65 or older or I am Disabled\*

**\*If you are disabled, you must include a copy of your Disability RTA Reduced Fare/Ride Free Card in order for your application to be processed.**

**RTA Reduced Fare/Ride Free Card #:** \_\_\_\_\_

**Required Mobility Aids** (circle all that apply): Wheelchair/Scooter Service Animal Crutches  
Portable Oxygen Walker/Cane Lift-Equipped Vehicle Travel Assistant

BUS ONLY

TAXI ONLY

BUS OR TAXI

### WAIVER STATEMENT

*I understand that the information contained on this 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 Wayne Township. I understand that the cab and bus companies and their drivers are independent contractors and are not employees or agents of Wayne Township. I understand that Wayne Township exercises no control over the cab and bus companies or their drivers under this program. I understand Wayne Township 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 to Pace through their Customer Service Department (1-847-228-4208). I understand that this 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 Wayne Township at 27W031 North Avenue, West Chicago, IL 60185, (630) 231-7140.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Office Use Only**

Date Received \_\_\_\_\_ Date Registered \_\_\_\_\_