TOWNSHIP RIDERS INITIATIVE PROGRAM (TRIP) CLIENT ID #___________________

PALATINE TOWNSHIP BUS SERVICE CLIENT ID #___________________

BUS RIDERSHIP REGISTRATION FOR SENIOR CITIZENS AGE 60 & OVER

BUS RIDERSHIP REGISTRATION FOR DISABLED CITIZENS AGE 18 TO 59

PALATINE TOWNSHIP

PHONE: 847-358-6907 FAX: 847-358-2888

CONTACT NAME: KARIE NORDIN; PALATINE TOWNSHIP FUNDING SOURCE CODE: PAL TWN

NAME: ____**BIRTH DATE:** __________________________**GENDER:** ___________
ADDRESS: ____**CITY:** _______________________________ **ZIP CODE:** ___________
Nearest Major Intersection: ____ **TOWNSHIP:** __PALATINE____
HOME PHONE: ____**CELL PHONE**_____ ______________________________________

1ST EMERGENCY CONTACT NAME: ____ **RELATIONSHIP:** ______________________
PHONE 1: ____**PHONE 2:** ____

2ND EMERGENCY CONTACT NAME: ____**RELATIONSHIP:** ______________________
PHONE 1: ____**PHONE 2:** ____

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REGISTERED WITH PACE ADA: YES___ NO ___ CLIENT'S E-MAIL ADDRESS: ____
BENEFIT ACCESS ELIGIBILITY: YES ___ NO ___ IF YES, Eligibility Dates: ____________________ **IF YES, Copy of Eligibility Notice Required:** ___
BELOW, PLEASE CHECK ALL CATEGORIES THAT APPLY:
MOBILITY LIMITED: ______ **HEARING IMPAIRED:** ______ **RESPIRATORY:** ______
VISUALLY IMPAIRED: ______ **SPEECH IMPAIRED:** ______ **NEUROLOGICAL:** ______
AIDS USED; PLEASE CHECK ALL THAT APPLY:
WHEELCHAIR: ______ **WALKER:** ______ **BRACES:** ______ **PROSTHETIC DEVICE:** ______ **OXYGEN:** ______
ATTENDANT: ______ **CRUTCHES:** ______ **CANE:** ______ **SERVICE ANIMAL:** ______ **OTHER:** ____________

IF DISABLED, PLEASE DESCRIBE YOUR DISABILITY:
____
____
Do you need the LIFT equipped bus: YES____ NO____ **What is your primary language spoken:** _______________________

DO YOU OWN A TTY (telecommunications for the Deaf)? YES ______ NO ______ If Yes, # __________________________

APPLICANT'S SIGNATURE: ____ **DATE:** ______________________

Taxi Voucher Card: YES ___ NO ___ IF YES, *USE OF PHOTO AUTHORIZATION SIGNATURE:* ____
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THIS PORTION FOR DISABLED CITIZENS AGE 18 TO 59 ONLY

Definition: "Handicapped Person" Chapter 95 ½ Par. 1-159.1, Illinois Revised Statutes (PA83-1058) "Every natural person who is unable to walk 200 feet or more unassisted by another person or without the aid of a walker, crutches, braces, prosthetic device, or a wheelchair or without great difficulty or discomfort due to the following impairments: neurological, orthopedic, respiratory, cardiac, arthritic disorder, blindness, or the loss of function or absence of a limb or limbs."
I hereby certify that the physical condition of the handicapped person listed herewith constitutes him/her as a handicapped person as described under section 1-159 of the Illinois Revised Statutes, and is over the age of 18.

Physician's Signature: ________________________________ **Physician's License Number:** _____________________
PHYSICIAN'S NAME: ____
ADDRESS: ____**PHONE:** _______________________
CITY: ____ **ZIP CODE:** _____________________

FOR OFFICE USE ONLY
PROOF OF RESIDENCY USED: ______________________
APPROVED: __________ **DENIED:** __________ **REASON FOR DENIAL:** _______________________________________
APPROVED BY: _____________________________________ **DATE OF APPROVAL:** ______________________________