

Winfield Township

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 Winfield Township.

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

I understand that Winfield Township exercises no control over the cab and bus companies or their drivers under this program.

I understand Winfield 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 first to Pace through their Customer Service Department (1-847-228-4208).

I understand that Winfield Township's Ride DuPage and Ride to Work programs operate 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 Winfield Township Supervisor at 130 Arbor Avenue, West Chicago, IL 60185, (630) 231-3591.

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Signature of Ride DuPage Participant

Date

# Winfield Township RIDE DUPAGE APPLICATION FORM

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

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

ADDRESS: \_\_\_\_\_  
STREET NUMBER      STREET ADDRESS      APT. NO.

CITY / STATE / ZIP

**WINFIELD TOWNSHIP**

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

**INCORPORATED WARRENVILLE**

AREA CODE

**INCORPORATED WEST CHICAGO**

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.

RTA Card Expiration date: \_\_\_\_\_

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)		

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, name of personal care assistant, etc.)

**FOR OFFICE USE ONLY**

Incorporated Warrenville

Incorporated West Chicago

Winfield and unincorporated Winfield Township

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