

WHEELING TOWNSHIP TRANSPORTATION SENIOR & DISABILITY SERVICES



Wheeling Township provides transportation service for seniors (age 60 and over) and *permanently* disabled residents (age 18 and over with a doctor's certification).

All riders must reside in Wheeling Township, be pre-registered with the Township Transportation Department and able to safely ride our vehicles.

- Buses operate within Wheeling Township only, with some exceptions for medical trips. *Please check with our Transportation Department.*
- Passengers should be ready 15 minutes prior to the scheduled pick-up and return times. *Drivers are allowed to wait for only 5 minutes.*
- Services are "door to door".
- Passengers must limit their purchases to 2 grocery sized bags.
- Please see reverse side for detailed service information.

Wheeling Township
1616 N. Arlington Heights Rd.
Arlington Heights, IL 60004
Phone : 847.259.7743
Fax: 847.259.1570
www.wheelingtowship.com

Service Hours

9:00 a.m.

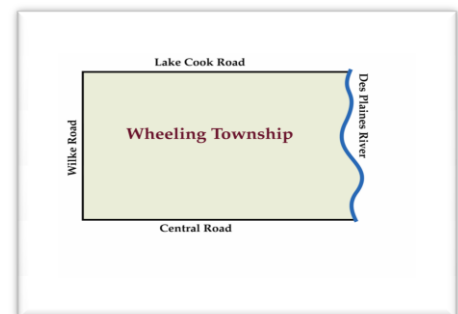
3:30 p.m.

Week days only

Advance reservation is necessary.

Only one round trip per day is allowed.

Minors and non-registered riders are not allowed to ride on the buses.



\$2.00 within Township

\$8.00 outside the Township
(Medical service only –
Please consult with the
Transportation Dept.)

Payment must be made to the driver with exact fare. No coupons, passes or prepaid tickets.

Service Information

**Reservations are required & may be made
up to 30 days in advance.**

Buses fill quickly; make your reservation as soon as possible.

Reservations: Call (847) 259-7743 (calls are taken from 9:00am-4pm). Please speak with our Transportation Department to make a reservation.

Cancellations: Cancellations can be made anytime by calling (847) 259-7743. *Please cancel as soon as possible. You may leave a message on our voicemail.*

Make your medical appointments no earlier than **9:30AM** or later than **2:30PM**.
You must be finished by **3:30PM** to allow time for a return ride.

- Rides for medical appointments, shopping, daily living, and personal care are available anywhere within Wheeling Township. We also go to a few medical locations outside the Township (select dialysis/cardiac treatment centers & medical offices – call for more info).
- One registered caregiver is allowed to ride with the passenger *at no charge*.
- Our drivers are NOT trained medical professionals. **All passengers must be in stable condition and able to ride in a sitting position.**
- For their own safety, **passengers must agree to wearing a seatbelt.**
- All riders must be free from having a communicable disease. You may be required to provide a physician's statement certifying you are free of a communicable disease.
- Riders are asked to call for their return ride when they are finished with their visit. It is normal to wait between 15-20 minutes, but this time may be longer depending on weather or other circumstances.
- **For their own safety, we may require a passenger to be transported in a wheelchair. Any wheelchair, walker, cane, or other equipment must be in good working condition. If medical equipment is broken or unsafe, we will require the passenger to obtain and use different equipment.**

WHEELING TOWNSHIP – TRANSPORTATION

1616 N. Arlington Heights Road Arlington Heights Illinois 60004
T: 847.259.7743 F: 847.259.1570 www.wheelingtownship.com

REGISTRATION FOR BUS – PERMANENT DISABILITY – AGE 18 AND OVER

(Please print clearly)

Name _____ Birth Date _____

Street Address _____

City _____ Zip Code _____

Phone _____ Cell Phone _____

Email _____

Emergency Contact _____ Relationship _____

Phone 1 _____ Phone 2 _____

Please check all categories that apply:

_____ Mobility Limited _____ Hearing Impaired _____ Respiratory _____ Cardiac
_____ Visually Impaired _____ Speech Impaired _____ Neurological _____ Renal/Dialysis
Aids Used (if any): _____ Wheelchair _____ Walker _____ Braces _____ Prosthetic Device
_____ Attendant _____ Crutches or Cane _____ Service Animal _____ Other _____

Please answer the following:

Do you require a lift-equipped bus? ___ Yes ___ No

Will you have a caregiver riding with you? ___ Yes ___ No

Are you able to keep balanced while seated on a moving vehicle? ___ Yes ___ No

Can you climb 12-inch steps without assistance? ___ Yes ___ No

If you use a wheelchair or a scooter:

Are you able to independently maneuver on and off a wheelchair lift? ___ Yes ___ No

Are you and a caregiver able to maneuver you and your mobility device, if any, on and off the bus? ___ Yes ___ No

Is the total weight of you and your mobility device 600 pounds or more? ___ Yes ___ No

What are the overall dimensions of the mobility device, including head and foot extensions (inches)?
Length _____ in. Width _____ in. Height _____ in.

If a wheelchair or a scooter is used, appropriate ramps must be installed at the passenger's home before bus service will be started.

The Township Senior & Disability/Transportation Department, with the assistance of the drivers, will make initial and subsequent evaluations regarding the ability to safely transport all registrants.

Please complete reverse side (OVER)

Last Name _____
(Office Use Only)
First Initial _____

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1616 N. Arlington Heights Road Arlington Heights Illinois 60004

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Passenger Waiver and Release (required)

To the extent allowed by law, I, _____ (“Passenger”), waive and release Wheeling Township, its Board members, employees, volunteers and agents from any and all causes of action, suits, damages and expenses, which I now have or may acquire, by reason of injury or other damage which may incur as a passenger of Wheeling Township’s Senior Disabled Transportation services.

Registrant’s name (print clearly)

Signature

Date

Note: We must have ORIGINAL signatures, not photo or facsimile copies.

You must provide proof of age and residency.
Proof of age: Copy of a Driver’s License or State I.D. (showing date of birth) or a birth certificate
Proof of residency: Copy of a Driver’s License, State I.D., utility bill, rent receipt, property tax bill

WHEELING TOWNSHIP RESERVES THE RIGHT TO MAKE FINAL DETERMINATION OF RIDER ELIGIBILITY.

PLEASE SEE THE FOLLOWING PAGE FOR YOUR PHYSICIAN TO COMPLETE AND RETURN TO WHEELING TOWNSHIP.

FOR TOWNSHIP OFFICE USE ONLY: DATE _____

APPLICATION: APPROVED _____ DENIED _____ REASON FOR DENIAL _____

PROOF OF AGE & RESIDENCY SUBMITTED: _____ INITIALS _____

WHEELING TOWNSHIP – TRANSPORTATION

1616 N. Arlington Heights Road Arlington Heights Illinois 60004

T: 847.259.7743 F: 847.259.1570 www.wheelingtowship.com



Date _____

Patient Name _____ Birth Date _____

Street Address _____

City _____ Zip Code _____ Phone _____

PHYSICIAN STATEMENT - (MUST BE COMPLETED BY PHYSICIAN) (PLEASE PRINT)

NOTE THAT WHEELING TOWNSHIP DISABILITY TRANSPORTATION SERVICE IS FOR PERSONS AGE 18 AND OVER WITH PERMANENT DISABILITIES.

A PERSON WITH A DISABILITY:

- . Has a physical or mental impairment which substantially limits one or more major life activities;
- . Has a record of such impairment; or
- . Is regarded as having such impairment, whether he/she has the impairment or not.

“Major life activities” includes caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, sitting, standing, lifting and working; as well as mental and emotional processes such as thinking, concentrating, and interacting with others.

1. Is this a PERMANENT disability? Yes _____ No _____

2. In your opinion, is the patient able to ride the Wheeling Township Bus? Yes _____ No _____

3. In your opinion, does this person require a caregiver or assistant to safely navigate the bus?
(For the additional safety of our passengers, we prefer that all riders with disabilities be accompanied by a caregiver/ assistant / family member) Yes _____ No _____

4. Type of disability (PLEASE DESCRIBE & BE SPECIFIC): _____

5. Is the patient ambulatory? Yes _____ No _____

Describe the patient’s level of mobility: _____

6. Other comments, especially regarding safety? _____

PHYSICIAN’S NAME (Please print): _____

PHONE # (_____) _____

BUSINESS ADDRESS: _____

CITY _____ **ZIP** _____

PHYSICIAN’S SIGNATURE: _____ **LICENSE #** _____

Note: It may be necessary to resubmit documentation for conditions not of a chronic nature.



Passenger Transportation Rules & Guidelines

These Rules & Guidelines are for your protection when you use our transportation. This form must be signed and dated before being allowed to use Wheeling Township's Transportation program.

I agree to the following

Wheeling Township Transportation rules:

- 1. I will not be verbally or physically aggressive/abusive to Township personnel. If I am, I understand I may be denied future rides.**
- 2. I will allow my driver to assist me on and off the bus.**
- 3. I will listen to, and heed, any instructions regarding getting onto or off of the bus.**
- 4. Once I am seated, I will either fasten the seatbelt myself, or allow my driver to fasten it for me. If I do not agree to use the seatbelt, I understand that the driver will not be able to transport me.**
- 5. Once the bus is moving, I will not undo my seatbelt, nor will I stand up or move around on the bus.**
- 6. I will remain seated until the bus comes to a complete and total stop and my driver tells me that he is ready for me to disembark.**
- 7. I will not get off the bus until my driver is at the door, ready and waiting to help me disembark.**
- 8. I understand I may not be transported if I do not follow these rules.**

Name (print clearly) _____

Signature _____

Date _____



TRIP PROGRAM

Township Riders Initiative Program

Information for Wheeling Township residents

This program provides limited transportation **outside of Wheeling Township**

(to selected other townships) for Wheeling Township seniors [60+] and those over 18 who are permanently disabled.

This service is for medical appointments only.

GENERAL INFORMATION:

- Residents must be registered as a Township bus rider and must complete a separate **TRIP** program registration form in order to use this service. This program is only available to residents of these Townships: Elk Grove, Hanover, Palatine, Schaumburg and Wheeling.
- The participating Townships administer the program, but transportation is provided by contract with **Pace**. All Pace vehicles are lift-equipped to assist riders with disabilities.
- Registration processing time (**with Pace**) is approximately 1 week before rides may be taken.
- This service is for **medical appointments only** (doctors, dentists, hospitals, therapy, etc.). **TRIP** is an appointment-based service which uses passenger vans. Rides to nursing homes and hospitals for visits are allowed in this program as well.
- Advance reservations are required and rides must not duplicate existing Township services.
- Cost of **TRIP** program transportation is \$10 round trip when crossing one Township border and \$20 if crossing 2 or more Township borders. Riders must have **EXACT CHANGE** for each ride since drivers cannot make change and each ride may have a separate driver.
- One caregiver or service animal may accompany the rider (no added charge), but the caregiver must also be registered with the **Township** and **TRIP**.
- Please have a photo ID available to present to the driver at the time of your pickup.

DESTINATIONS: Service area includes Barrington, Palatine, Hanover, Schaumburg, Elk Grove and Maine Townships. Service is also provided to VA medical facilities in Maywood (Jesse Brown/Edward Hines Hospitals), Elgin (Community Based Outpatient Center), North Chicago (Lovell Healthcare Center) and John H. Stroger, Jr. Hospital of Cook County, Rush University Hospital, University of Illinois, Loyola University Medical Center, Northwestern Memorial Hospital, Good Shepard Hospital, ARA South Barrington Dialysis Center and specified Social Security offices.

HOURS OF OPERATION: Mon--Fri: 5:00am to 9:00pm; Saturday: 7:00am to 4:00pm

TO REGISTER FOR THIS SERVICE: Call Wheeling Township at 847-259-7743

**FOR RIDE RESERVATIONS
CALL WHEELING TOWNSHIP TRANSPORTATION at 847-259-7743**

Call Wheeling Township at 847-259-7743. Wheeling Township reserves your rides with **PACE**. PACE schedules all travel times.

- Reservations are required and may be made **7 days in advance**, with a minimum of **3 (business) days before the ride**. Long-term repeat requests may only be arranged for dialysis, chemotherapy and similar medical treatments; others require weekly calls.
- When making a **TRIP** ride reservation, be prepared to give your contact telephone number and suite number of the medical offices (doctor, hospital, etc.) where you are scheduling your appointment. This is needed in case the **TRIP** dispatcher needs to contact you.
- **Note: All pickups AND RETURNS are scheduled in advance for this service.**



FOR CHANGES OR CANCELLATIONS ON THE DAY OF THE RIDE:

Call PACE at 1-800-554-7599. DO NOT CALL WHEELING TOWNSHIP!

- If the line is busy, call **847-832-9450** (press #2 for dispatch)
 - After hours, call **1-800-606-1282** (press #3)

ON THE DAY OF THE RIDE:

1. When you arrive at the medical facility for your appointment, tell the medical staff that you have a return bus scheduled at a specific time. If staff feels you will need more time, please call PACE **immediately** at **1-800-554-7599** to reschedule your pick-up time.
2. If you miss your scheduled return time, you must call the **PACE** dispatcher at the **1-800-606-1282** number to schedule a new pickup time.

**For comments about TRIP services:
please call PACE Customer Relations at 847-364-7223**

TRIP PROGRAM
(TOWNSHIP RIDERS INITIATIVE PROGRAM)
BUS RIDERSHIP REGISTRATION for DISABLED ADULTS OVER 18 YEARS OF AGE
Wheeling Township
Phone: 847-259-7743 * Fax: 847-259-1570

(Please print)

Name _____ Date of Birth _____
Address _____ City _____
Nearest Major Cross Streets _____
Township _____ Zip Code _____
Phone _____ Cell Phone _____
Gender _____
Emergency Contact _____ Relationship _____
Phone 1 _____ Phone 2 _____

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Please Describe Your Disability: _____

Please Check All Categories That Apply:

_____ Mobility Limited _____ Hearing Impaired _____ Respiratory
_____ Visually Impaired _____ Speech Impaired _____ Neurological

Aids Used (if any): _____ Wheelchair _____ Walker _____ Braces _____ Prosthetic Device _____
 _____ Attendant _____ Crutches or Cane _____ Service Animal _____ Other _____

Do You Own a TTY (Telecommunications for the Deaf?) _____ Yes _____ No
If Yes, what is the TTY Number? _____

Do You Need the Lift-Equipped Bus? _____ Yes _____ No

What is Your Primary Language Spoken? _____

Applicant's Signature _____ Date _____

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Definition: Handicapped Person" Chapter 95 1/2 , 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 (Please Print) _____

Address _____ Phone _____

City _____ Zip Code _____

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For office use only

Proof of Residency Used _____

Approved _____ Denied _____ Reason for Denial _____

Approved By _____

Date of Approval _____

Please return to: Wheeling Township, 1616 N. Arlington Heights Road, Arlington Heights, 60004