TOWNSHIP OF SCHAUMBURG

BUS RIDERSHIP REGISTRATION for *DISABLED ADULTS* OVER 18 YEARS OF AGE

Phone: 847-882-1929 > Fax: 847-884-0039

(Please print)

Name _____ Birth Date _____

Address _____ City _____

Nearest Major Cross Streets _____

Township _____ Zip Code _____

Phone _____ Cell Phone _____

Gender – M F Ethnicity - _____ Number in Home _____ or Live Alone

Emergency Contact _____ Relationship _____

Phone 1 _____ Phone 2 _____

_____ Registered with Pace ADA _____ Registered with PRC (Para transit Services)

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 Poverty - Yes No

What is Your Primary Language Spoken? _____

Applicant's Signature _____ Date _____

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 _____

For office use only

Proof of Residency Used _____

Approved _____ Denied _____ Reason for Denial _____

Approved By _____ Date: _____

form revised on 05/4/16