



**WEST DEERFIELD TOWNSHIP
TRANSPORTATION SERVICE
601 Deerfield Road
Deerfield, IL 60015
(p) 847-945-0614
(f) 847-945-3051**



**REGISTRATION FORM
For Senior Citizens age 65 and over and Disabled Residents
(See Transportation Information sheet for eligibility requirements)**

Please **print** clearly.

NAME _____ **BIRTH DATE** _____

STREET ADDRESS _____

CITY _____ **ZIP CODE** _____ **PHONE** _____

EMERGENCY CONTACT _____

RELATIONSHIP _____ **PHONE** _____

PLEASE INDICATE ANY AIDS USED (PLEASE CHECK ALL WHICH APPLY)

_____ Wheelchair/Scooter/Power Chair	_____ Oxygen
_____ Brace	_____ Service Dog
_____ Walker	_____ Other: Explain _____
_____ Crutches/Cane	_____

- All applicants with disabilities must participate in an interview. The purpose is to review necessary safety procedures and discuss any equipment and aids used by the applicant. It is helpful if any caregivers also participate in this discussion.
- If a wheelchair or scooter is used, appropriate ramps must be installed at the passenger's home before bus service will be provided.

Please answer the following:

	YES	NO
1. Do you require a lift-equipped bus?	_____	_____
2. Will you have a caregiver riding with you?	_____	_____
3. Are you able to keep balanced while seated on a moving vehicle?	_____	_____
4. If you use a wheelchair or scooter:		
• Are you able to independently maneuver on and off a wheelchair ramp?	_____	_____
• Are you and a caregiver able to maneuver you and your mobility device, if any, on and off the bus?	_____	_____
• Is the TOTAL weight of you and your mobility device more than 600 lbs?	_____	_____
• What are the overall dimensions of the chair, including head and foot extensions (inches)? Length _____ in. Width _____ in. Height _____ in.		

Please submit proof of age, residency, and physician's referral! Send a copy of Driver's License or State I.D. showing date of birth, and the physician's referral form.

PLEASE COMPLETE REVERSE SIDE

