



**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)**

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

- 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:

	<b>YES</b>	<b>NO</b>
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**

**WEST DEERFIELD TOWNSHIP TRANSPORTATION SERVICE  
PASSENGER WAIVER AND RELEASE (REQUIRED)**

To the extent allowed by law, I, \_\_\_\_\_ (“Passenger”), waive and release West Deerfield 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 I may incur as a passenger of West Deerfield Township’s senior/disabled transportation service.

\_\_\_\_\_  
Registrant’s name (**PRINT** clearly)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If registration is for husband and wife, we require both signatures:

\_\_\_\_\_  
Print spouse’s name

\_\_\_\_\_  
Spouse’s signature

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

Before you send this to us, be sure that you have included proof of your age and Township residency with this registration! Send a copy of your state driver’s license or ID card.

When your fully completed registration form is received, you are eligible to call and make your reservations for Township rides. No further notification will be made or pass issued.

**West Deerfield Township reserves the right to make final determination of rider eligibility.**

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For Office Use Only

Date \_\_\_\_\_

Proof of Age and Residency Submitted \_\_\_\_\_