

TOWNSHIP RIDERS INITIATIVE PILOT (TRIP)  
BUS RIDERSHIP REGISTRATION for DISABLED ADULTS OVER 18 YEARS OF AGE

**Elk Grove Township**

**Phone: 847-437-0300 - Fax: 847-437-0434**

Elk Grove Township Funding Source Code: ELK TWN

(Please print)

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Nearest Major Cross Streets \_\_\_\_\_

Township \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Gender \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

.....  
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 \_\_\_\_\_

.....  
For office use only

Proof of Residency Used \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Reason for Denial \_\_\_\_\_

Approved By \_\_\_\_\_

Date of Approval \_\_\_\_\_

**RETURN TO:**

Elk Grove Township \_\_600 Landmeier Road  
Elk Grove Village, IL 60007