



WEST DEERFIELD TOWNSHIP

Julie A. Morrison
Supervisor

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601 Deerfield Road, Deerfield, Illinois 60015

Telephone (847) 945-0614

Fax (847) 945-3051

Website: westdeerfieldtownship.org

E-mail: westdeerfield@sbcglobal.net

March, 2008

Dear Friends:

I am pleased to tell you about a new transportation service that West Deerfield Township will be launching in early April. **"Going Places"** will be a program designed to serve mobility-challenged residents of West Deerfield Township get to healthcare appointments. Rides will be scheduled up to 30 days in advance through our office and have a one-way fare of \$3-5. Riders must pre-register with the township to qualify. Service will include the Lake Forest, Highland Park, Glenbrook, and Condell Hospitals as well as the VA Hospital in North Chicago. Non-medical trips may be requested as our schedule permits. Our converted minivan will be wheelchair accessible and be driven by our trained and friendly drivers.

I hope that you will encourage residents that may be eligible to complete an application and to return it to our office. Please feel free to make copies of the enclosed forms or go to our website www.westdeerfieldtownship.org, and access the "Going Places" logo for additional forms. For more information about this new service, please call me. We are looking forward to filling the gap in transportation service for an underserved population in our community.

Sincerely,

Julie A. Morrison

Township Supervisor

enc



**WEST DEERFIELD TOWNSHIP
TRANSPORTATION SERVICE**
601 Deerfield Road
Deerfield, IL 60015
847-945-0614

REGISTRATION FOR TRANSPORTATION SERVICE
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	_____

1. 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.
2. 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

**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 _____



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TRANSPORTATION SERVICE
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(phone) 847-945-0614
(fax) 847-945-3051**

PHYSICIAN'S REFERRAL

My patient _____ is mobility challenged and should be eligible for the West Deerfield Township Transportation Service. They are stable and able to ride in a sitting position.

Physician's signature

Date

Physician's name

Address

Phone