



Ride DuPage Application

Last Name: _____ First Name: _____

Date of Birth (mm/dd/yyyy): ____/____/____ Gender (circle one): Male or Female

Address: _____ Wheaton, IL _____
Zip Code

Closest Intersection: _____

Home Phone #: () _____ - _____ Cell phone #: () _____ - _____

Emergency Contact Name & Phone #: _____

Qualification (circle one): I am 65 or Older or I am Disabled*

*If you are disabled, you **must** include a copy of your Disability RTA Reduced Fare Card in order for your application to be processed.

RTA Reduced Fare Card #: _____

Required Mobility Aids (circle all that apply):

Wheelchair/Scooter Service Animal Crutches Portable Oxygen Walker/Cane

WAIVER STATEMENT

I understand that Ride DuPage allows trips at a subsidized fare of \$2 a ride plus \$1.00 for each additional mile within DuPage County only. Furthermore, I understand that I am responsible for cancelling any rides not needed a minimum of thirty (30) minutes before the scheduled pick-up time. If I fail to do so, I will be considered a "No Show" and could incur a fee of ten dollars (\$10) for each occurrence. I understand that the information contained in this application will only be used to determine my eligibility status for the subsidizing sponsor and for billing and program monitoring purposes. I have received and understand the Ride DuPage User's Guide and understand the eligibility criteria. I agree to abide by the program requirements adopted by the City of Wheaton.

Applicant Signature

Date

OFFICE USE ONLY

Sponsor: WHT MLT VGE Date Rec'd _____
Fare/Program Type: WHT NFIWHT Approval Initials _____