

Ride DuPage Application

Last Name _____ First Name _____

Date of Birth (mm/dd/yyyy) _____ / _____ / _____ Gender Male Female

Current Address _____ Wheaton, IL _____
 Zip Code _____

Closest Major Intersection _____

Email Address _____

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

Emergency Contact Name & Phone # _____

Qualification I am 65 or Older I am Disabled*

*RTA Reduced Fare Card # _____

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

Required Mobility Aids

Wheelchair/Scooter Service Animal Crutches Portable Oxygen Walker/Cane

WAIVER STATEMENT

I understand that Ride DuPage allows trips at a subsidized fare of \$2.00 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 (\$10.00) 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. I agree to notify the City of Wheaton if my current address changes. **I certify the above information is correct.**

Applicant Signature

_____ / _____ / _____

Date