

LAKE COUNTY NORTHWEST DEMONSTRATION PROJECT REGISTRATION

Date of Submission:	Completed & Info. Verified By: Grant Township, Candace Phone #: 847-740-2233
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CLIENT INFORMATION – GENERAL *

First Name:	M:	Last Name:
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DOB:
 Disabled Is the resident [ADA Eligible](#) or registered with [RTA Reduced Fare Program](#)?
 If yes, write down their ADA # _____ and/or RTA Reduced Fare Card # _____
 Senior (65+) Is the resident signed up for the [RTA Reduced Fare Card](#)? RTA Reduced Fare Card # _____
 General Public (Please note, the NW Demo gives priority is given to seniors and disabled riders.)
(Children under the age of 13 must be accompanied by an adult on the service.)

Family Size:	2013 Yearly Household Income:
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Phone Contact Info. Mandatory Cell Phone:	Home Phone:	Emergency Contact Name & Phone Number(s):
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Address: Mandatory	Unit:	City:	Zip:
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Apartment / Bldg Name:	Apartment or Bldg. Phone #:
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Closest Intersection: 2

Additional Info. / Comments/ Special Instructions:

DISABILITY REQUIRING ASSISTANCE*

Visual
 Auditory
 Physical
 Communication
 Cognitive
 Other Describe:

MOBILITY AIDS*

Manual WC
 Electric WC
 Scooter
 Crutches
 Walker
 Service Animal
 Other

FARE TYPE – DETAIL *

Flat Fare \$3.00 one way for trips **under 10 miles** for Disabled and/or Senior (age 65 or over).
 Flat Fare \$4.00 one way for trips **under 10 miles** for General Public.
(\$6.00 flat fare one way for trips over 10 miles for disabled, senior and/or general public passengers.)
(\$0.15 transfer fee for disabled and senior passengers transferring to other dial-a-ride or ADA Paratransit services.)
 Flat Fare \$5.00 for dialysis one-way subscription trips. **(Must fill out second page.)**

TO BE FILLED OUT BY TOWNSHIPS ONLY - TOWNSHIP (FUNDING SOURCE) *

NEW FREEDOM

AVON (AVNNFI)
 ANTIOCH (ANTNFI)
 GRANT (GRNTNFI)
 LAKE VILLA (LKVLNFI)
 FREMONT (FTNFI)
 WAUCONDA (WAUTNFI)

GENERAL PUBLIC

AVON (AVONGP)
 ANTIOCH (ANTGP)
 GRANT (GRNTGP)
 LAKE VILLA (LKVLGP)
 FREMONT (FTGP)
 WAUCONDA (WAUTGP)

JOB ACCESS REVERSE COMMUTE

AVON (AVONJ)
 ANTIOCH (ANTJ)
 GRANT (GRNTJ)
 LAKE VILLA (LKVLJ)
 FREMONT (FTJ)
 WAUCONDA (WAUTJ)

DIALYSIS SUBSCRIPTION FORM

First Name: _____ M: _____ Last Name: _____

Subscription Begin Date: _____
 Subscription End Date: _____
 Subscription Days: Mon Tue Wed Thu Fri

Trip Purpose : Dialysis
 Medical Physical Therapy (*Approved by Township staff only*)

Fare Type: One-way, flat fare \$5.00

Origin *

Pick-up Time: _____ Use home address Residence/Facility Name: _____

Address: _____ Unit: _____ City: _____ Zip: _____

Phone: _____ Cell: _____

Closest Intersection: _____

Comments: _____

Personal Care Attendant (PCA) - Free Companion (COM) – Pays the same fare as the rider

Destination *

Appointment Time: _____

Facility Name: _____

Address: _____ Unit: _____ City: _____ Zip: _____

Phone: _____ Cell: _____

Closest Intersection: _____

Comments: _____

Return *

Pick-up Time: _____ Reverse Trip Facility Name: _____

Address: _____ Unit: _____ City: _____ Zip: _____

Phone: _____ Cell: _____

Closest Intersection: _____

Comments: _____

Personal Care Attendant (PCA) - Free Companion (COM) – Pays the same fare as the rider

Additional Info. / Comments/ Special Instructions: _____