

TOWNSHIP RIDERS INITIATIVE PROGRAM (TRIP)  
**BUS RIDERSHIP REGISTRATION for SENIOR CITIZENS**  
HANOVER TOWNSHIP SENIOR SERVICES  
PHONE: 630/483-5668 FAX 630/483-5690  
Hanover Township Senior Services Funding Source Code: **Hanover**

(Please print in black ink)

Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Township \_\_\_\_\_ Gender \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
    Other Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
2<sup>nd</sup> Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
    Other Phone \_\_\_\_\_ Relationship \_\_\_\_\_

.....  
Please Check All Categories That Apply: (if any):

\_\_\_\_\_ Mobility Limited                      \_\_\_\_\_ Hearing Impaired                      \_\_\_\_\_ Cardiac  
\_\_\_\_\_ Visually Impaired                      \_\_\_\_\_ Respiratory                      \_\_\_\_\_ Neurologic  
\_\_\_\_\_ Speech Impaired                      \_\_\_\_\_ Renal/ On Dialysis                      \_\_\_\_\_ Cancer

Aids Used (if any):    \_\_\_\_\_ Wheelchair    \_\_\_\_\_ Walker      X   Escort    \_\_\_\_\_ Braces  
   \_\_\_\_\_ Prosthetic Device    \_\_\_\_\_ Crutches or Cane    \_\_\_\_\_ Service Animal

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

Are You Registered to Use the Township Bus?    \_\_\_\_\_ YES    \_\_\_\_\_ NO

What is Your Primary Language Spoken? \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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For office use only

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

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

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

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