



TIDE Ticket to Ride Program  
 Sponsored by  
 Hanover Township Mental Health Board  
 250 S. Route 59  
 Bartlett, IL 60103  
 Telephone: (630) 837-0301  
 Fax: (630) 837-9064

## APPLICATION

*Please Print Clearly*

<b>Applicant Information</b>			
Name:	Date of Birth:    /    /	Gender: Male or Female	
Address:	City:    _____	County:	
Township:	State:    _____	Zip Code:	
Phone:	TTY:TDD:	Email:	
Ethnicity:   African-American    Caucasian    Hispanic    Other (please describe):			
<i>Please circle the best choice</i> _____			

<b>Parent or Legal Guardian Information</b>			
Name:	Relationship:		
Address:	City:    _____	County:	
Township:	State:    _____	Zip Code:	
Phone:	TTY:TDD:	Email:	

<b>Emergency Contact Information</b> In case of an emergency, who can we call if we are unable to reach you?			
(1) Name:	Relationship:		
Phone (Daytime):	Phone (Evening):		
(2) Name:	Relationship:		
Phone (Daytime):	Phone (Evening):		

<b>Employment Related Information</b>			
Name of Employer or Job Training Program:			
Address:		City:	
Phone:	TDY:	Email:	
Name of Supervisor or Contact Person:		Phone:	
Fax Number:			
What day(s) do you work?   Sunday   Monday   Tuesday   Wednesday   Thursday   Friday   Saturday			
<i>Please circle all that apply</i>			
What time do you start work?		What time do you end work?	
How are you currently getting to work?			

<b>Disability/ Mobility Information</b>			
I have a:    Physical Disability    Developmental Disability    Cognitive/Mental Disability    Other			
<i>Please circle all that apply</i>			
Please describe:			
What type(s) of mobility aids or equipment, if any, do you use?			
Please provide the names of TWO professionals who can verify you information. Acceptable professionals are: Physicians, Nurses, Professional Staff from a Social Service Agency, School Personnel, Physical or Occupational Therapist, Independent Living Specialist, Rehabilitation Specialist, Ophthalmologist, Orientation or Mobility Instructor			
(1) Name:		Type of Professional:	
Agency Name:			
Address:		City:	State:    Zip Code:
Phone:		Email:	Fax:
(2) Name:		Type of Professional:	
Agency Name:			
Address:		City:	State:    Zip Code:
Phone:		Email:	Fax:
I authorize the professionals listed above to release to TIDE Project Partners information about my disability or health condition, and its effect on my ability to travel to work. I understand I may revoke this authorization at any time. Unless earlier revoked, this form will permit the professionals listed to release the information described up to 90 days for the date below.			
_____		_____	
<i>Signature of Applicant or Legal Guardian</i>		<i>Date</i>	
All medical information, which you or your professional provide about your disability, will be kept strictly confidential.			

<b>Applicant</b>	
<i>The person with the disability who needs to get to work or job training if s/he is an adult (18 years or older) and does not have a legal guardian completes this section.</i>	
I understand the purpose of this application is to determine if I am eligible to enroll in the TIDE Ticket to Ride Taxi Voucher Program for Hanover Township. The information provided in this application is true and correct. I understand that falsification of information could result in a loss of participation. I agree to notify Hanover Township if I no longer need to use the TIDE Ticket to Ride Program.	
_____	_____
<i>Signature</i>	<i>Date</i>

<b>Parent/ Legal Guardian</b>	
<i>If the person with the disability is between the ages of 16 and 18 years, or if the person has had a legal guardian appointed, then the parent or legal guardian completes this section.</i>	
I understand the purpose of this application is to determine if the Applicant is eligible to enroll in the TIDE Ticket to Ride Taxi Voucher Program for Hanover Township. The information provided in this application is true and correct. I understand that falsification of information could result in a loss of participation. I agree to notify Hanover Township if the Applicant no longer need to use the TIDE Ticket to Ride Program.	
_____	_____
<i>Signature</i>	<i>Date</i>

Thank you for completing this application. Staff will verify the information you have supplied. You will be notified within 7 days whether or not you are accepted into the program. Once accepted, you may purchase rides for work or job training. Your cost will be 1/2 of the price for the cab ride to/from work or job training. Cost includes the tip. NO MONEY NEEDS TO BE GIVEN TO THE DRIVER 11/5/2014