TOWNSHIP RIDERS INITIATIVE PROGRAM (TRIP)

BUS RIDERSHIP REGISTRATION for SENIOR CITIZENS

HANOVER TOWNSHIP AGING SERVICES

PHONE: 630/483-5668 FAX 630/483-5690

Hanover Township Aging 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 _____

2nd Emergency Contact_____ Phone _____

Other Phone_____ Relationship _____

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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? ___**X** 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 _____