



City of Warrenville
Ride DuPage Transportation Program
STATEMENT OF UNDERSTANDING

I understand that the information contained on the Ride DuPage registration form will only be used to determine my eligibility status for the subsidizing sponsor and for billing and 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 rules and requirements adopted by City of Warrenville.

I understand that the cab, bus, and Uber companies and their drivers are independent contractors and are not employees or agents of the City of Warrenville.

I understand that the City of Warrenville exercises no control over the cab, bus, and Uber companies nor their drivers under this program.

I understand City of Warrenville makes no representations regarding the quality or competency of the cab, bus, and Uber companies, their drivers or other employees.

I understand that the Ride DuPage Rideshare Access Program can be discontinued by PACE at any time.

I understand that any complaints regarding the program should be directed first to PACE through their Customer Service Department (1-847-228-4208).

I understand that City of Warrenville's Ride DuPage Program operates without regard to race, color and national origin in accordance with Title VI of the Civil Rights Act. Any person who believes he/she has been affected by any discriminatory practice under Title VI may file a complaint with the Assistant City Administrator at 3S258 Manning Avenue, Warrenville, IL 60555, (630) 836-3050.

Signature of Ride DuPage Participant

Date



City of Warrenville RIDE DUPAGE APPLICATION FORM

LAST NAME: _____ MIDDLE INITIAL _____

FIRST NAME: _____ GENDER: MALE FEMALE

ADDRESS: _____
STREET NUMBER STREET ADDRESS APT. NO.

HOME PHONE: _____ - _____ - _____ CELL PHONE: _____ - _____ - _____

DATE OF BIRTH: _____ - _____ - _____ EMAIL: _____
MONTH DAY YEAR

EMERGENCY CONTACT (Name and Phone No.) _____

I WOULD LIKE TO APPLY FOR THE RIDE DUPAGE RIDESHARE ACCESS YES NO PROGRAM

DISABLED (under 65 yrs) **must provide** → RTA CARD NO.

Do you use any of these mobility aids or equipment? (Check all that apply.)

| | | | |
|--|---|--|--|
| <input type="checkbox"/> Cane | <input type="checkbox"/> Crutches | <input type="checkbox"/> Walker | <input type="checkbox"/> Portable oxygen |
| <input type="checkbox"/> Powered scooter | <input type="checkbox"/> Powered wheelchair | <input type="checkbox"/> Manual wheelchair | <input type="checkbox"/> Long white cane |
| <input type="checkbox"/> Service animal | <input type="checkbox"/> Other (please specify) | | |

I require a lift equipped vehicle

Do you ever need to bring someone with you (a “personal care assistant” or “personal attendant”)?

| | | |
|---|--|-----------------------------|
| <input type="checkbox"/> Yes, always Name: _____ Phone: _____ | <input type="checkbox"/> Yes, sometimes Name: _____ Phone: _____ | <input type="checkbox"/> No |
|---|--|-----------------------------|

Please provide us with any additional information we should be aware of (i.e.; sight/hearing issues, Alzheimers, etc.)

FOR OFFICE USE ONLY

Incorporated Warrenville

Registration Submitted to PACE

Date Submitted: _____ Submitted By: _____

Please sign and date the Statement of Understanding on reverse side of application.