

Disability Transport Service Instruction/Physicians Authorization

Who is eligible? The permanently disabled over the age of 18 and senior citizens over age 55.

Permanently disabled individuals are defined as the following:

1. Developmentally disabled
2. Marked or extreme mental illness
3. ADA certified

Individuals age 55 years and above do not have to have prior approval of their physicians to use this service.

All registered and approved riders will be issued vouchers worth \$5.00 for a one way trip. Taxi rides will be through the 303 Taxi in Mount Prospect.

Applicants must supply the following for approval:

**Proof of residency, such as a current gas, electric bill, or state ID.
Proof of age, please include a copy of your ID with your application.
Proof of disability, please have your physician complete the reverse side of this application.**

For questions and/or help with this application call 847-437-0300.

Return complete application to: Elk Grove Township
2400 S. Arlington Heights Road
Arlington Heights, IL 60005

Elk Grove Township
2400 South Arlington Heights Road
Arlington Heights, Illinois 60005
847-437-0300
Fax 847-437-0434

Elk Grove Township Disability Transport Service Application

Name _____ Date of Birth _____

Address _____ City/Zip _____

Telephone _____ Emergency Contact _____

Relationship _____ Telephone _____

Applicant's Signature _____ Date _____

Office Use Only

Proof of Residency _____ Rider Number _____

Approved _____ Denied _____ Reason _____

Authorized Signature _____ Date _____

Physician's Authorization

I hereby certify that the condition of the person with disabilities listed herewith constitutes him/her as a person with disabilities as described below:

1. Developmentally disabled
2. Marked or extreme mental illness
3. ADA Certified (Please note that the person with a physical disability are described under 625 ILCS 5/1-159.1)*

Please fill in the name of the person with the disability and state the disability.

Name of Person with Disability: _____

Disability: _____

Physician's Signature Date Physician's License Number

Please Print or type below:

Physician's Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____

*Definition of "Person's with Disabilities" (625ILCS 5/1-159.1)

"A natural person who as determined by a licensed physician: (1) cannot walk without the use of or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair, or other assistive device; (2) is restricted by lung disease to such an extent that his or her forced (respiratory) expiratory volume for one second, when measured by spirometry, is less than one liter, or that arterial oxygen tension is less than 60 mm/hg on room air at rest; (3) uses portable oxygen; (4) has a cardiac condition to the extent that the person's functional limitations are classified in severity as Class III or Class IV according to the standards set by the American Heart Association; or (5) is severely limited in the person's ability to walk due to an arthritic, neurological or orthopedic condition; (6) cannot walk 200 feet without stopping to rest because of one of the above conditions."