

# WASHINGTON DISABILITY PARATRANSIT SERVICE



***NOW  
OPERATING!!!***



Washington Township, the City of Washington, Tri County Regional Planning and CityLift teamed up to provide the **Currently Operational Paratransit Transportation Service** for City of Washington residents with mobility challenging disabilities. This service provided by CityLift will transport disabled individuals, **ages 18-59**, to points within Washington (for \$2 each way) as well as points in East Peoria and Peoria for \$2 each way. ***See below for other ages, rural residents and Sunnyland to Washington disabled transit options.***

The age 18-59 paratransit service requires prospective riders to fill out and submit the enclosed rider application to Washington Township to be eligible for the service. Washington Township is located directly behind Hardee's in Washington at 58 Valley Forge Drive. The form is easy to fill out and can be mailed, emailed, faxed or returned in person. If you need help, call the Township at Ph. 309-444-2987 for assistance. Please submit this form as soon as possible to get qualified. **PLEASE NOTE:** the application does require a medical professional sign off to be valid.

The age 18-59 disability is funded through 2024. Ridership will be used to assess the level of need for on-going paratransit service beyond 2024. Robust ridership during this period will reflect positively on continuing the transit service, so please use the service!

## **OTHER TRANSIT OPTIONS BASED ON AGE AND RESIDENT LOCATION**

**For City of Washington residents age 60+ with disabilities and/or mobility challenges** needing transportation within Washington and to points in East Peoria or Peoria should call Central Illinois Agency on Aging Ph. 309-674-2071 to schedule a ride. Rides are currently free but donations are welcome.

**For Sunnyland residents who are already qualified to ride the CityLift transit bus to points in East Peoria and Peoria** and want to travel to the City of Washington must fill out and submit the Washington Rider Application to Washington Township. Rides are currently \$2 each way.

**For age 18+ rural residents living outside the City of Washington and not in Sunnyland, with disabilities or mobility challenges** seeking travel to another rural point, the City of Washington, East Peoria or to Peoria should call We Care Ph. 309-263-7708. Rides are currently \$5 each way.

The map on the reverse side shows these current transit services to help understand the options available to the City of Washington and the broader Washington Township area residents now.

***Don't Forget...Our Age 65+ \$3 ride service for ambulatory (non wheelchair bound) persons living and traveling within Washington Township for just \$3. To schedule a ride, Call TDK Event Services  
Ph. 309-210-6474 identifying yourself as a 65+ \$3 Ride Requester***







For **Mobility Challenged or Disabled Persons Aged 60+**, living in the Underserved Washington Urban Area, riding to points in the urban area or to points in East Peoria or Peoria, **call Agency Aging** points in East Peoria or Peoria, **call Agency Aging** PH. (309) 674-2071.

Rides are free, donations are welcome

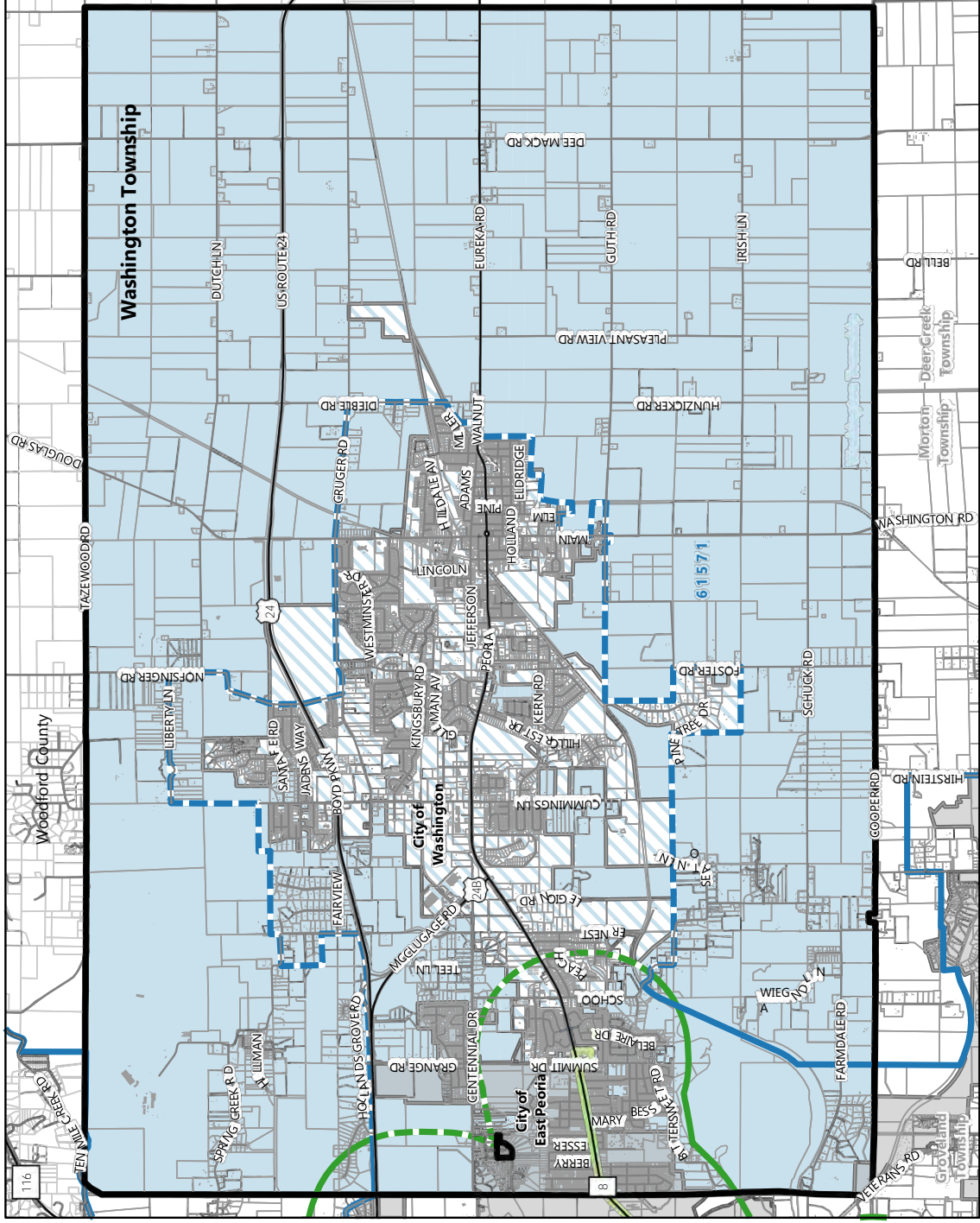
For **Persons with Mobility Challenges or Disabilities Aged 18-59** living in the Washington Urban Area, riding to points within the urban area or to points in East Peoria or Peoria, **call CityLift** PH. (309)-999-3667. Rides are \$2 one way urban, \$2 one way to East Peoria or Peoria. **Sunnyland Residents** already qualified to ride CityLift can ride to Washington for \$2 one way (**Washington Application Required**)

For **Persons Aged 18+ with Mobility Challenges, Disabled** or **not** living in rural Washington, outside the urban area, and traveling to points in the Washington urban area, East Peoria or Peoria,  
**-OR-**  
 Living in the urban area of Washington, and traveling to rural points outside of the Washington urban area, **call We Care (309) 263-7708**  
 Rides are \$5 one way  
 Ages 65+ donation only.

## Washington Township Transit Map

-  CityLink Bus Routes
  -  Underserved Area (dashed)
  -  CityLink 3/4 Mile ADA Buffer
  -  City of Washington Boundary
  -  Urbanized Area Boundary
  -  61571 - Washington Township
- Questions? Contact Washington Township at (309) 444-2987

0 2 Miles



# Rider Application

## For Persons aged 18-59

(Consistent with the Americans Disabilities Act)

# Washington Urban Area Paratransit Service

This form is to apply for door-to-door paratransit services in specialty equipped vans for residents of the City of Washington Urban Area, Age 18-59. The application will be used by Washington Township, the City of Washington, and the CityLift Mobility Team to determine rider eligibility. All information will remain confidential.

When you complete and return this form to include your medical professional's signature and validation of your qualifying disability for ridership on the back, you will be notified of your eligibility by U.S. mail or email. With the mail notification, you will receive information about ridership rules, fees, service days and times, etc. If you are denied service, you have the right to appeal the decision regarding your eligibility.

Printed forms are available at City Hall, Washington Township, Washington Library, OSF St. Clare and UnityPoint Washington Clinics. If your disability prevents you from completing the application in this format, please call Washington Township at (309) 444-2987 and ask for assistance.

All completed forms must be returned to Washington Township, 58 Valley Forge Drive, Washington, IL 61571 for processing. Applications are accepted either in person, via U.S. Mail, via Fax to (309) 444-3944, or email to washingtontwp@gmail.com  
Questions? Contact Washington Township at Ph. 309-444-2987

### Applicant Information

Rider Name: \_\_\_\_\_  
Last First M.I. DOB: \_\_\_\_\_

Street Address Apartment/Unit# City/State

Mailing Address (if different)

Telephone Number Email

Parent/Guardian Name/Phone/Email (If applicable)

Emergency Contact If Different from Above (List supported living contact if applicable) - Name/Phone/Email

### Questions:

- I can always recognize my destination and leave the bus. (Check One) ☐ YES ☐ NO
- I depend upon the driver to announce my destination stop. (Check One) ☐ YES ☐ NO
- I have a Personal Care Assistant with me. ☐ Always ☐ Sometimes ☐ Never
- Which of the following mobility/ communication aids do you use? (Check all that apply)  
☐ Cane ☐ Crutches ☐ Walker ☐ Powered Scooter/ Wheelchair ☐ Manual Wheelchair ☐ Boarding Chair  
☐ Transfer Board ☐ Service Animal ☐ Communication Aide ☐ Portable Oxygen ☐ None of these
- If you use a Powered Scooter/Cart/Wheelchair:  
Is it More than 30" wide? ☐ Yes ☐ No  
Is it more than 48" long? ☐ Yes ☐ No  
Is the combined device & occupant over 800 lbs.? ☐ Yes ☐ No
- Do you reside with: (check one)  
☐ Family ☐ By Yourself ☐ Supported Living (Nursing or Group)

Turn over to complete PAGE 2 of this form.

**Pick-up/Drop-off:**

For directions related to pick-up and drop-off time and location, notify (list supported living contact, if applicable):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relation to applicant: \_\_\_\_\_

**Additional Information:**

Is there any other information or special considerations we need to know about you as a rider?

Explain:

----------------------

**IMPORTANT:** The following information must be filled out and signed by a medical professional before returning.  
Applications not signed by a medical professional will not be processed!

**Medical Professional Section and Certification**

Dear Medical Professional,

Please fill out this brief questionnaire concerning this rider/applicant regarding their specific mobility challenges. It is our intent to offer disability transportation to any person in the Washington Urban area between the ages of 18-59 years of age to points both within the Washington Urban area and to East Peoria and Peoria. There already exists transportation for Individuals 60 years of age and older with mobility challenges. Thank you for your assistance.

**Check all that apply:**

- |   |  |
|---|--|
| <input type="checkbox"/> Amputation of extremity(s)   | <input type="checkbox"/> Osteoarthritis of the _____         |
| <input type="checkbox"/> Spina Bifida   | <input type="checkbox"/> Chronic Pain due to _____           |
| <input type="checkbox"/> Multiple Sclerosis   | <input type="checkbox"/> Legally Blind with limited mobility |
| <input type="checkbox"/> Quadriplegia/Paraplegia  | <input type="checkbox"/> Developmental Disability            |
| <input type="checkbox"/> Cerebral Palsy   | <input type="checkbox"/> Limited Mobility Due to _____       |
| <input type="checkbox"/> Arthritis of the _____   |  |
| <input type="checkbox"/> Other Diagnosis or Conditions Impacting Mobility (describe): _____ |  |

- |  |  |
|--|--|
| <input type="checkbox"/> This condition is Permanent | <input type="checkbox"/> This Condition is Temporary for (designate length of time): _____ |
|--|--|

Other Medical Professional comments:

------------------

**Disclaimer and Signature**

As a licensed physician, advanced practiced nurse, physician's assistant, or optometrist, I certify the applicant has a condition that constitutes him/her as a person with mobility disabilities and verifying the nature of the applicant's mobility status I certify that my answers are true and complete to the best of my knowledge.

Medical Professional's Printed Name	Specialty	
Office Address	City, State, ZIP	
Medical Professional's Signature	State Professional's License (Not NPI#)	Today's Date