

HEY WASHINGTON...LET'S RIDE !!!



PARATRANSIT SERVICE CONTINUES...



The City of Washington, Washington Township, CityLift and the Tri-County Regional Planning Commission **are continuing to provide daily Disability Transit Service** for application qualified (Ages 18-59) City (Urban) residents of Washington **for 2023**. This service provides local disability transit service within the City of Washington urban area for \$2 each way, as well as to service points in East Peoria and Peoria for \$6 each way. Similar service for persons age 60 and older in the Washington Urban area is available by calling Central Illinois Agency on Aging at Ph. 309-674-2071. If Agency on Aging cannot assist in a timely manor, they will refer you to CityLift who will do their best to meet your needs.

Sunnyland area residents can also qualify for transit service to the City of Washington. Sunnyland residents must have a qualified CityLift application on file in Peoria, **and** complete and submit a Washington Rider application to Washington Township. **The cost to ride from Sunnyland to the City of Washington is now just \$2 each way.**

Disabled residents wishing to ride CityLift within Washington, to East Peoria or Peoria must submit a Washington Rider Application to Washington Township for consideration. The two page application is enclosed here and very easy to fill out, but does require a medical professional sign off. Applications are also available on-line at the City of Washington website (www.ci.washington.il.us) All applications must be turned in to the Washington Township office located at 58 Valley Forge Drive, located directly behind Hardee's in Washington. **Call Washington Township (Ph. 309-444-2987) if you need help or would like a copy mailed to you....and save the enclosed map that shows what current transit services are available within Washington and the broader Washington Township area**

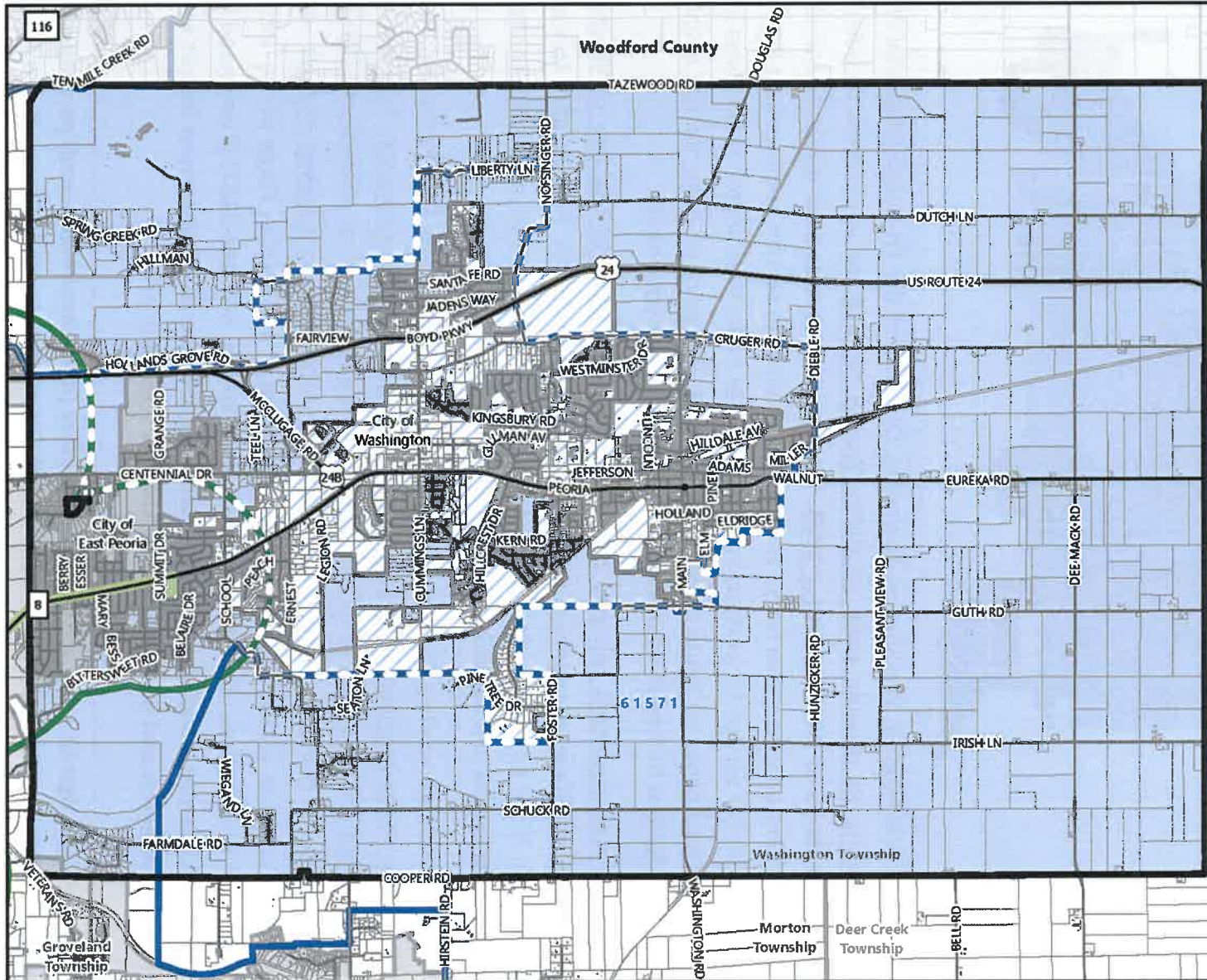
Don't forget! Our Age 65 + ride service for ambulatory (non wheelchair bound) persons will take you anywhere within Washington Township for just \$3. Call 309-266-7433 identifying yourself as a 65+ \$3 Ride requester!

For Mobility Challenged Persons Aged 60+, living in the Underserved Washington Area, riding to points within the urban area or to points in East Peoria or Peoria, call Agency on Aging (309) 674-2071. Rides are free; donations are encouraged.







For Persons with Mobility Challenges or Disabilities Aged 18-59, living in the Underserved Washington Urban Area, riding to points within the urban area or to points in East Peoria or Peoria, call CityLift (309)-999-3667. Rides are \$2 one way urban, \$6 one way to East Peoria or Peoria. **(Rider Application Required)**

For Persons with Mobility Challenges, Disabled or not, living outside the urban area of Washington (rural), 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 WeCare (309)-263-7708. Rides are \$3 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



Map Created by Peoria County Regional Planning Committee April 20th, 2022



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 washingtonntp@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:

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

- This condition is Permanent
- 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