

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 \$6 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 February of 2024. Ridership will be used to assess the level of need for on-going paratransit service beyond February 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.

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.

REGISTER TO RIDE TODAY!!!


Questions??? Contact Washington Township directly at Ph. 309-444-2987

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 welcome

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. **Sunnyland Residents** already qualified to ride CityLink 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.

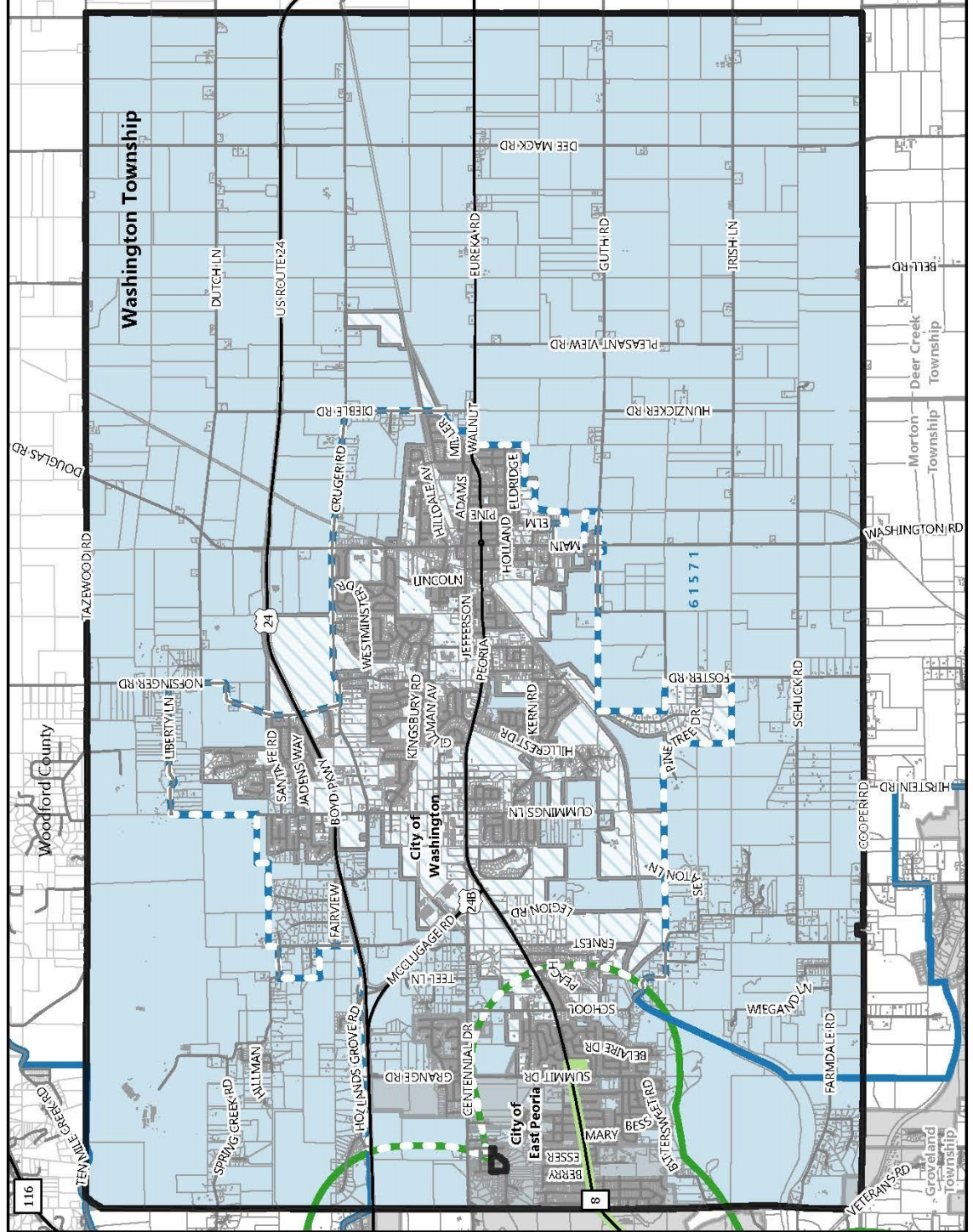
Washington Township Transit Map

-  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**



Map Created by The County Regional Planning Commission 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 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:

- 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