

CLIENT AGREEMENT

Please initial next to the following statements to acknowledge and ensure your compliance with our rules and regulations:

_____ I acknowledge that Township vehicles **are not** wheelchair accessible and that all clients are required
Initial to walk without driver assistance. Drivers will not assist with walking.

_____ I acknowledge that all appointments must be scheduled at least **2 business days** (weekends not
Initial counted) and up to **4 weeks in advance**. Last minute request will not be honored.

_____ I acknowledge that I may have another individual (21 years of age or older) to accompany me for
Initial assistance.

_____ I acknowledge that all clients must be ready for pick-up **15-minutes prior** to their scheduled time.
Initial Drivers are allowed to wait *only* 5 minutes after the scheduled time, to ensure they stay on schedule.

_____ I acknowledge that all clients are allowed **one-free** round trip per-day.
Initial

_____ I acknowledge that all clients must call the office prior to 3:15 p.m. to ensure a return trip.
Initial

_____ I acknowledge that all clients must always wear seatbelts while riding in Township vehicles. Those
Initial who refuse will forfeit their ride privileges.

_____ I acknowledge that it is prohibited to smoke, eat and drink, curse, or exhibit rude, inappropriate
Initial behavior towards staff and or other clients. Offenders will forfeit their ride privileges.

_____ I acknowledge that I cannot request the driver to make unscheduled trips or to carry packages
Initial (There's a **4-bag maximum per client/trip**). Clients must be able to handle/carry all your packages without driver's assistance.

_____ I acknowledge that due to the large number of clients in our Transportation program, wait times
Initial may be longer than usual at times.

*We Assure you that every effort is made to bring a meaningful service to as many senior residents as possible in the Township.

I hereby acknowledge and agree to adhere to the rules and non-compliance can lead to forfeiture of this service.

Client's Printed Name

Signature

Date

Please complete the registration process by providing:

***Completed copy of this Client Agreement, proof of age (a current state ID)
and residency (Gas or Light bill or Social Security statement).***

You can mail, deliver in person, fax or email the documents to:

**Proviso Township
Senior Services Department
4565 Harrison Street
Hillside, IL 60162
FAX: (708-202-1265)**

Email: LRizzo@provisotownship.illinois.gov