

# 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.  
Initial

\_\_\_\_\_ I acknowledge that all clients must be ready for pick-up **15-minutes prior** to their scheduled time. 0  
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 wear a facemask** that covers their mouth and nose.  
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.

\_\_\_\_\_ 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 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](mailto:Lrizzo@provisotownship.illinois.gov)**