

THE MAINE-WAY

to get around

is through

MAINELINES

**If you are disabled with a limited income, and need transportation
ENJOY the freedom *MAINELINES* CAN GIVE YOU.**

**Maine Township has a transportation program
With a choice of 7 CAB COMPANIES and
Offering a \$5.00 COUPON for the price of \$1.00**

**Take advantage of 24 hour, Door-to-Door Service.
Go where you please
As long as your trip BEGINS or ENDS in Maine Township.**

**Additional Information
Contact Maine Township
847-297-2510 ext 236**





MaineLines 2016

1700 Ballard Road, Park Ridge, IL 60068
847-297-2510

Mission Statement

To provide subsidized transportation assistance for Maine Township Disabled residents who meet the following three criteria:

1. Resident of Maine Township.
2. Limited mobility/disability who cannot mount three bus steps or walk 200 feet unassisted. Doctor authorization required.
3. Income guidelines as per State of Illinois Benefit Access Program. Must be below \$27,610 if you are single or income below \$36,635 if you are a married couple.

Eligible residents may travel with the use of MaineLines travel vouchers for specific transportation needs as assigned. Residents using this program must follow the established rules of the program.

- a. Any travel must either begin or end in Maine Township.
- b. Only one ticket can be used per ride.
- c. No tickets can be used for additional passengers.
- d. Tickets cannot be transferred or used by anyone other than the person assigned these tickets.
- e. Tickets must be used within a three-month period.
- f. Tickets are NON-REFUNDABLE

Maine Township includes portions of Des Plaines, Glenview, Morton Grove, Niles, Park Ridge, Rosemont and unincorporated Cook County. Our boundaries are:

North	Central Avenue
South	Devon Avenue
East	Harlem Avenue
West	Mount Prospect Road



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APPLICATION

DATE _____

NEW _____ RENEWAL _____ ID Number _____

Other transportation system membership: (Check any that apply)

- ADA Paratransit, FISH, RTA Reduced Fare,
 RTA Benefit Access Ride Free, Other _____

NAME: _____

ADDRESS: _____

PHONE: _____

PERSONAL PROFILE
Date of birth _____
MALE _____ FEMALE _____

EMERGENCY CONTACT

NAME: _____

RELATIONSHIP: _____

ADDRESS: _____

PHONE: _____

SPECIAL CIRCUMSTANCES

MOBILITY IMPAIRMENTS OR SPECIAL CONDITIONS:



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CERTIFICATION

In order to consider your application all requested information must be provided. Your request for transportation will be processed immediately upon receipt of requested documentation.

- _____ COMPLETED APPLICATION
- _____ PROOF OF RESIDENCE IN MAINE TOWNSHIP
(PHOTO ID AND UTILITY BILL)
- _____ PHYSICIAN'S STATEMENT
- _____ INCOME DOCUMENTATION

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS ACCURATE. I AGREE TO FURNISH ANY FURTHER INFORMATION OR DOCUMENTATION AS REQUESTED.

_____ SIGNATURE _____ DATE

ALL INFORMATION WILL BE HELD IN STRICTEST CONFIDENCE

FOR OFFICE USE ONLY	
APPLICATION APPROVED _____	DATE _____
APPLICATION DENIED _____	
REASON FOR DENIAL _____	
AUTHORIZED BY: _____	
AUTHORIZED BY: _____	



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PHYSICIAN'S STATEMENT

This document must be signed and completed by your physician.

Applicant's name: _____

Diagnosis: _____

PLEASE CHECK ALL THAT APPLY:

_____ Cannot walk 200 feet without stopping to rest.

_____ Cannot walk without the assistance of another person, prosthetic device or other assistance device.

_____ Is restricted by lung disease or uses portable oxygen.

_____ Has a Class III or Class IV cardiac condition

_____ Is severely limited in walking ability due to arthritic, neurological, or orthopedic condition.

_____ Other: _____

_____ Is this impairment permanent? Duration? _____

I HEREBY CERTIFY THE PHYSICAL CONDITION OF THE PERSON WITH DISABILITIES AS DESCRIBED UNDER 625 ILCS 5/1-159.1.

PHYSICIAN'S SIGNATURE

PHYSICIAN'S LICENSE NUMBER

Please print or type below:

Physician's Name _____

Address _____

City and State _____

Telephone _____



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PARTICIPANT AGREEMENT

I acknowledge that to enroll in the MaineLines program, I must follow the guidelines as stated below:

Please read and initial each item.

- ___ I currently live in Maine Township and will inform the township if I move. If I move out of Maine Township, I understand that I will no longer be eligible to participate in the MaineLines program.
- ___ The income documentation I presented with this application is true to the best of my knowledge.
- ___ The Physician's Statement is true to the best of my knowledge.
- ___ There is a maximum of 30 MaineLines Vouchers (Coupons) that may be purchased in any 3 month period
- ___ I will not give away, sell, or transfer the Vouchers to anyone.
- ___ I understand that **I must appear in-person at Maine Township** to purchase MaineLines Vouchers, and that **the transaction may not be done by mail.**
- ___ I understand that the Vouchers may only be used with the Participating Taxi Cab companies and I have been given a brochure with the names and telephone numbers of these companies.
- ___ I understand that the **Purchased Vouchers** are **NOT REFUNDABLE**, and they are **NOT REPLACEABLE** if they are lost.

Date: _____

Signature: _____

Witness: _____

Printed Name _____

