

A Message from
ILLINOIS ATTORNEY GENERAL
LISA MADIGAN



As Attorney General, it is my job to ensure that all Illinois residents, including people with disabilities, receive equal protection under the law. I am committed to working on behalf of people with disabilities to provide them with complete accessibility.

My office's Disability Rights Bureau employs a full-time staff that strives to make schools, the workplace, and all public facilities open and available to everyone.

Questions and complaints about accessible parking represent one of the largest categories of inquiries to the Bureau. I hope that this brochure provides you with a clear understanding of the accessible parking laws.

If you have a question, see an improperly marked accessible parking space or find a facility without any accessible parking spaces, please contact the Disability Rights Bureau.

Lisa Madigan
Attorney General



LISA MADIGAN
ILLINOIS ATTORNEY GENERAL

If you see an improperly marked accessible parking space, or facilities with no such spaces, you can contact the Disability Rights Bureau with your complaint.

DISABILITY RIGHTS BUREAU

CHICAGO

100 West Randolph Street
Chicago, Illinois 60601
1-312-814-5684
TTY: 1-800-964-3013

SPRINGFIELD

500 South Second Street
Springfield, Illinois 62706
1-217-524-2660
TTY: 1-877-844-5461

www.IllinoisAttorneyGeneral.gov

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ACCESSIBLE PARKING

FOR PEOPLE WITH DISABILITIES

A GUIDE TO YOUR
RIGHTS UNDER THE LAW



LISA MADIGAN
ILLINOIS ATTORNEY GENERAL

Accessible Parking: Know the Rules

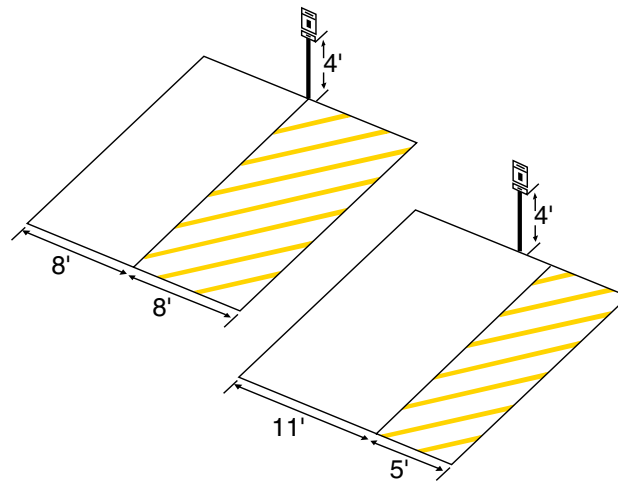
Any facility offering parking for employees or visitors must provide accessible parking for people with disabilities. An accessible parking space consists of a vehicle space and a diagonally striped access aisle. The entire space must be kept clear of obstructions—including ice, snow, shopping cart corrals, trash cans, seasonal garden displays, and bicycle racks—at all times.



Above: Example of an accessible parking space that complies with Illinois law.

SIZE AND MARKINGS

Each accessible parking space, except on-street spaces, shall be 16 feet wide, including either an eight-foot or five-foot wide diagonally striped access aisle. The access aisle can be located on either side of the vehicle portion of the accessible space. High-quality yellow paint, manufactured especially for pavement striping, must be used. Adjacent accessible parking spaces cannot share a common access aisle.



Above: Illustration of two examples of legal accessible parking spaces.

LOCATION

Accessible parking must be placed on level pavement on the shortest accessible route to an accessible entrance. The accessible route, which may include a curb ramp or curb cut, must be installed as close as possible to the accessible entrance it serves. Additionally, a curb ramp must never be built so that it protrudes into or interferes with the diagonally striped access aisle of an accessible space.

SIGNS

A U.S. Department of Transportation R7-8 (Reserved Parking) and an R7-I101 (\$250 Fine) sign must be permanently mounted in the center of the 16-foot wide accessible parking space. The signs must be placed no more than five feet from the front of the parking space and must be high enough so that they are visible over a parked car. At minimum, the bottom of the R7-I101 sign must be four feet from the pavement. Municipalities may impose a larger fine (up to \$350) through the adoption of a local ordinance.

PROPER USE OF LICENSE PLATES/PLACARDS

Under Illinois law, disability license plates, disabled veterans plates and placards are not transferable. The authorized holder must be present and must enter or exit the vehicle at the time the parking privileges are being used. Unauthorized use can result in a \$500 fine, driver's license suspension, and suspension or revocation of the plate or placard by the Illinois Secretary of State.

SPACE REQUIREMENTS

To comply with Illinois law, a minimum number of accessible parking spaces must be provided:

Total Off-Street Parking Spaces Provided	Number of Accessible Parking Spaces Required
1 to 25	1
26 to 50	2
51 to 75	3
76 to 100	4
101 to 150	5
151 to 200	6
201 to 300	7
301 to 400	8
401 to 500	9
501 to 1,000	2% of total
over 1,000	20 plus 1 for each 100 over 1,000

Outpatient facilities providing medical care and other services for persons with mobility impairments 10% of total

Medical facilities specializing in treatment of persons with mobility impairments 20% of total

Pace ADA Paratransit Service

City of Chicago
Customer Guide

February 6, 2009

*To request a copy of this brochure in an accessible format, please call Pace Customer Relations
Voice: 1-800-606-1282
TTY: 1-888-847-0093*

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As of March 28, 2008

Scheduling

Area #1 SOUTH – 71st St. south to Sibley

Operated by SCR Transportation

Voice: 866-926-9631

TTY: 866-764-1134

Area #2 CENTRAL – Between 71st St. and Fullerton

Operated by CDT Transportation

Voice: 866-926-9632

TTY: 866-764-1135

Area #3 NORTH – Fullerton north to Central

Operated by MV Transportation

Voice: 866-926-9633

TTY: 866-764-1136

Please note that service area designations are shown in attached map.

RTA Registration

Voice: 312-663-4357

TTY: 312-913-3122

CTA

Voice: 1-888-YOUR-CTA (968-7282)

TTY: 1-888-282-TTY1 (282-8891)

Pace Passenger Services

Voice: 800-606-1282 Option #2 or 847-364-7223

TTY: 947-364-5093

Fax: 847-228-2329

After Hours: 800-606-1282 Option #3

Email: Passenger.Services@PaceBus.com

Website: www.PaceBus.com

Taxi Access Program Phone Numbers

Voucher Mail Order Forms

Voice: 1-800-606-1282 - Option #2 Passenger Services

TTY: 1-888-847-0093

Chicago Accessible Taxicab Service

For customers who require lift-equipped cabs

1-800-281-4466

Taxi Concerns

City of Chicago Department of Consumer Services

Voice: 312-744-9400

TTY: 312-744-9385

City of Chicago Taxicab Companies

American United Cab Association	773-327-6161
Blue Ribbon Association, Inc	773-508-0800
Central Dispatch-Accessible Taxi	800-281-4466
Checker Taxi Association, Inc	312-243-2537
Chicago Carriage Cab	312-326-2221
Choice Taxi Association, Inc	773-338-9502
City Service Taxi Association	773-907-0909
Flash Cab Company	773-561-4444
Globe Taxi Association, Inc	773-725-6500
Gold Coast Taxi Association	773-271-0163
King Drive Cab Affiliation	773-487-9000
Koam Taxi Association	773-973-3535
Service Taxi Association, Inc	773-262-2163
Sun Taxi Association, Inc	773-736-3399
Yellow Cab Affiliation, Inc	312-829-4222

Welcome to Pace ADA Paratransit

Pace is committed to providing quality transit services for all of our customers. We recognize that some customers' disabilities do not allow them to use conventional fixed-route bus and rail services. Pace's ADA Paratransit Service program provides transportation that is comparable to the service provided by the mainline system.

Pace's ADA Paratransit Service provides origin-to-destination transportation to ADA Paratransit eligible people who are unable to use accessible mainline and rail service due to their disabilities. Pace ADA Paratransit is a shared-ride program, meaning that multiple individuals' trips are grouped together in an effort to meet all trip requests and improve efficiency.

The ADA Paratransit Service program:

- Operates in compliance with FTA ADA regulations,
- Is an origin-to-destination transit program for ADA paratransit eligible customers,
- Is a shared-ride program,
- Provides service that is comparable in time to the fixed-route system, including transfers and wait times,
- Operates on comparable days and hours as the fixed-route system, and
- Is provided without regard to the purpose of the trip.

ADA Paratransit Eligibility

To qualify for ADA Paratransit Service, customers must apply for a determination of eligibility with the Regional Transportation Authority (RTA). The RTA determines eligibility based upon functional considerations. This application process helps determine which individuals can most benefit from ADA Paratransit Service and which individuals can be best served by accessible fixed-route bus and rail systems when combined with support services, such as online trip planning (visit www.PaceBus.com) and Travel Training. Please see section "Alternative Transportation Services" for more information.

To obtain information about the categories of eligibility or to apply for ADA Paratransit Services, please call the RTA:

Voice: 312-663-HELP (4357)

TTY: 312-913-3122

Some individuals may be found to be conditionally eligible for ADA Paratransit Service and will have limitations on the times and circumstances in which they are able to use paratransit service. For example, a conditionally-eligible customer may only be eligible for ADA Paratransit Service during winter months, summer months, or daylight hours.

A common wheelchair is a wheelchair with an overall weight of no more than six-hundred (600) lbs (when combined with the weight of the client) and not exceeding thirty (30) inches in width or forty-eight (48) inches in length when measured from two inches above the ground. Wheelchairs with measurements that exceed these numbers may not be accommodated.

Scheduling a Trip

Eligible customers should call the carrier in the service area that accommodates the origin of the trip (see section “Reference Numbers” for a list of carriers by service area). It is the responsibility of the carriers to coordinate transfer trips within the city of Chicago. It is the responsibility of the rider to arrange a trip that transfers between city and suburban areas or between suburban areas.

Customers must call the day before their trip to schedule the trip. The pick-up time requested may not be available, but all customers are guaranteed a reservation within one useful hour of the requested pick-up time. Customers should allow for a twenty-minute pick-up window. Customers may schedule their return trip at the time of reservation. Passengers may call back to change their pick-up time if their appointment runs late. If the trip is anticipated to end early, Pace will try to accommodate these changes. Pace does guarantee a ride home to all passengers transported by Pace on the same day of service.

Reservations are taken from Monday through Sunday, 6:00 AM – 8:00 PM.

When calling to schedule a trip, customers must have the following information:

- Paratransit ID Number (starting with “P”)
- Date of trip
- Requested pick-up time and/or appointment time
- Exact street address of the trip origin and destination (intersections will not be accepted)
- Number of people traveling with the customer, including personal care attendant (PCA) and/or companions (see section “Personal Care Attendant (PCA) and Companion Policies”)
- Types of mobility aids used by all members of party
- Description of any assistance needed
- Other helpful information (for example: whether a customer will be transferring from a wheelchair to a seat, whether a customer requires more than one seat on the vehicle, whether door-to-door assistance is needed, etc.)

When calling to schedule a trip, customers should be ready to record important information, such as the scheduled pick-up time.

Customers must keep their address, telephone numbers, and emergency information current with the RTA since this is the source of all passenger information.

Canceling or Changing a Trip Reservation

Customers who would like to cancel a trip must contact their carrier directly. Customers must cancel their trip at least two (2) hours before the scheduled pick-up time to avoid the trip being classified as a late-canceled trip. Customers who do not wish to continue waiting for a vehicle that is more than thirty minutes late should call to cancel their trip in order to avoid a no-show or late-cancellation penalty.

Same-day trip changes will only be permitted if proper notice is provided and the schedule can accommodate the desired change. Destination changes are not permitted while on board the

vehicle or at the time of pick-up unless authorized by the dispatcher. Drivers are not permitted to make any unscheduled changes to a trip.

Pick-up and Drop-off Procedures

When possible customers should be within the driver's sight while awaiting pick-up. Passengers must be ready to board the vehicle five minutes before the scheduled pick-up time. Drivers will wait five minutes after arrival or after the scheduled pick-up time, whichever is later, and after that period the driver is given authorization to leave. Drivers will make an attempt to locate the customer. However, if the driver leaves after the appropriate five minute period, the customer will be recorded as a no-show.

ADA Paratransit is an origin-to-destination program. As such, drivers cannot escort customers past the ground floor of any building and are not allowed to enter residences. Passengers are expected to carry their own packages. Customers who require additional assistance should arrange for a PCA or companion. Drivers will go to the ground level exterior door of the building upon request when it is safe to do so. Drivers will identify themselves to visually-impaired passengers and announce the names of the passengers being picked-up. Visually-impaired passengers may request to be identified as visually-impaired to drivers in order to help facilitate the boarding process.

When boarding a vehicle, customers must show their valid RTA ADA Paratransit certification ID card or picture identification. All fares must be paid upon boarding the vehicle.

Drivers are required to arrive no later than twenty minutes after the scheduled pick-up time. Passengers are encouraged to board the vehicle early when possible in order to keep service efficient for all riders.

Personal Care Attendant (PCA) and Companion Policies

Pace permits one registered personal care attendant (PCA) to accompany the ADA eligible customer if the client has been certified by the RTA to have a PCA. A PCA is not considered a companion and does not need to pay a fare. The PCA must have the same pick-up and drop-off locations as the eligible customer.

Pace permits one companion to accompany the eligible customer. PCA eligible customers may have a companion in addition to a PCA. Companions are required to pay the same cash fare as the eligible customer and must be picked-up and dropped-off in the same location as the customer. Additional companions may accompany the customer only if space is available on the vehicle. No guarantees can be made that more than one companion will be allowed to travel with the customer.

Customers traveling with a PCA or companion must reserve space for them when calling to schedule their own ride.

Driver Assistance

Drivers will assist customers as needed and upon request with boarding and exiting the vehicle, to and from the ground level exterior door of the building. Drivers cannot escort customers past

the ground floor of any building and are not allowed to enter residences. Drivers are not allowed to lift or carry customers. Customers are expected to carry their own bags and packages. Customers who require additional assistance must arrange for a PCA or a companion. Drivers are required to make sure that all wheelchairs and scooters are properly secured per ADA requirements. Drivers are prohibited from accepting tips from passengers, but passengers may contact Pace Passenger Services to compliment and/or comment on a driver.

Suspension of Service

Customers who abuse their riding privileges may face suspension of ADA Paratransit Service. Before service is suspended, customers will generally be notified in writing. Conduct that may lead to suspension of service includes illegal, violent, and/or unsafe behavior; refusal to pay the proper fare; disruptive conduct; and excessive late cancelations and/or no-shows.

- **Disruptive Conduct**
Customers who engage in violent, disruptive, or illegal conduct will be refused service. A customer whose behavior threatens or has threatened the safety of customers or Paratransit personnel may be denied service. Customers who engage in violent, threatening, or illegal behavior may lose the privilege of riding with Pace Paratransit.
- **Late Cancelations or No-Shows**
UNDER REVIEW
- **Appealing a Warning or Suspension**
Customers are given the opportunity to appeal a suspension of service before Pace. Unless a violation is for safety reasons, suspension of service will not begin until the appeal process is complete. Customers will be notified in writing of the final decision.

Travel Time

Customers who are traveling to a scheduled appointment should tell the customer service representative their appointment time when calling to schedule the ride. This allows the carrier to help to determine the best pick-up time.

ADA Paratransit Service is a shared-ride program. Total travel time includes the time it takes other passengers to board, ride, and alight the vehicle. Travel time should be comparable to trips with the same origin and destination in the fixed-route bus system, including transfers and wait times. This standard exists except when circumstances exist beyond the service provider's control, such as in times of inclement weather.

Fare

All customers and companions are required to pay a fare upon boarding. Only a PCA riding with a PCA eligible customer may ride for free. The fare for all customers and companions is \$2.25 per one-way trip.

Customers may pay in the following ways:

- \$2.25 Cash
- PACE ADA One Ride Ticket

- \$1.75 CTA Fare Card plus \$0.50 cash
- Pace Monthly Pass, U Pass, or Retiree Pass

Companions must pay exact cash fare. Drivers do not carry change.

Hours of Operation

Operating hours vary on weekdays, weekends, early in the morning (Owl service), and on holidays.

Service operates on weekend hours on the holidays listed under the section “Holiday Service.”

Holiday Service

Paratransit Service on the following holidays is comparable to fixed-route holiday service:

- New Year’s Day
- Memorial Day
- Independence Day (Fourth of July)
- Labor Day
- Thanksgiving Day
- Christmas Day

All subscription rides are automatically canceled on these holidays. Customers who wish to ride on these days must book a demand trip the day before with the appropriate area carrier.

Service Area

The Pace ADA Paratransit service area is within $\frac{3}{4}$ of a mile of a CTA bus route and up to $\frac{3}{4}$ mile in radius of each CTA rail station. Please see the Service Maps for more information.

Service is provided to all of the following communities:

- Chicago, including O’Hare and Midway Airports
- Cicero
- Evanston
- Evergreen Park
- Forest Park
- Harwood Heights
- Hines
- Hometown
- Lincolnwood
- Norridge
- Oak Park
- Skokie

Service is provided to parts of the following communities:

- Alsip
- Bedford Park

- Bellwood
- Berwyn
- Blue Island
- Burbank
- Calumet Park
- Elmwood Park
- Forest View
- Maywood
- Merrionette Park
- Nilcs
- North Riverside
- Oak Lawn
- Park Ridge
- River Forest
- River Grove
- Rosemont
- Schiller Park
- Stickney
- Summit
- Westchester
- Wilmette

Additional Service is provided to the transfer locations listed under “Suburban Trips and Transfer Locations.”

Transfer Locations

City of Chicago customers may transfer between city and suburban locations by calling a City of Chicago carrier and then calling a suburban carrier to schedule a transfer.

Following are the designated transfer points for ADA paratransit service in Chicago’s six-county suburbs. The carrier will determine the most appropriate transfer location based on the client’s origin and destination.

Transfer Points Between Chicago and the Suburbs

- **North**
 - CTA Linden Purple Line rail station, 349 Linden Ave., Wilmette
 - CTA Rosemont Blue Line rail station, 5800 N. River Rd, Rosemont (I-190 & River Road)
 - CTA Howard Red Line rail station, 1649 W. Howard, Howard & N. Hermitage, Chicago
 - Park Ridge Metra, 100 S. Summit Ave., Park Ridge
 - Resurrection / St. Francis Hospital , 355 Ridge Ave., Evanston
 - Golf Mill (East side entrance to food court) , Milwaukee Ave. & Golf Rd., Nilcs
 - Old Orchard (entrance to the west of Macy’s), 1 Old Orchard Rd., Skokie

- Advocate Lutheran General Hospital (main entrance off Luther Lane on West side of facility), 1775 Dempster St., Park Ridge
- **West**
 - Brookfield Zoo (use North entrance of zoo located on South side of 31st, West of 1st Ave.), 3300 Golf Road, Brookfield
 - Hines VA Hospital (at Pace Paratransit sign at entrance to building 200 main entrance off Roosevelt Rd), 5000 S. 5th, Maywood
 - Loyola Hospital (main entrance off 1st Ave.), 2160 S. 1st Ave., Maywood
 - MacNeal Berwyn Hospital, 3249 Oak Park Ave., Berwyn
 - North Riverside Mall (use food court entrance), 7501 W. Cermak Rd., North Riverside
 - West Suburban Hospital , 518 N. Austin Blvd., Oak Park
 - Walgreens Westchester, 10345 W. Roosevelt Rd., Westchester
 - Westchester Jewel, 2128 S. Mannheim Rd., Westchester
- **Southwest**
 - Main Entrance of Christ Hospital, 4440 W. 95th St., Oak Lawn
 - Ford City Mall 7601 S. Cicero Ave., Chicago (pick up and drop off must be at food court entrance)
- **South**
 - Chicago Ridge Mall (use entrance on East side of mall adjacent to Panera Bread), 281 Commons Drive, Chicago Ridge
 - Christ Hospital, 4440 W. 95th St., Oak Lawn
 - Evergreen Plaza, (Carson's Lower Level), 9500 S. Western Ave., Evergreen Park
 - Ford City Mall (pick up and drop off must be at food court entrance), 7601 S. Cicero Ave., Chicago
 - Jewel (Blue Island), 2320 W. 127th St., Blue Island
 - Jewel (Halsted – new Pace transfer point), 11414 S. Halsted St., Chicago
 - River Oaks Mall (fixed route stop on East side of Cineplex enter opposite Sears auto. There is a Pace bus stop sign to use), 2 River Oaks Drive, Calumet City
 - White Castle (before 7:00 a.m.), 12709 Western Ave., Blue Island
 - CTA Bus Turnaround at 119th and Western (McDonalds), 1900 Western Ave., Blue Island
 - CTA Orange line rail station, 5900 S. Kilpatrick Ave., Chicago
 - CTA Bus Turnaround at 63rd and Archer, Summit

Traveling beyond the Service Area

Customers may be able to schedule trips beyond the service area with transit agencies outside of the Pace and CTA service areas and throughout the United States with a valid ADA Paratransit

ID. Customers need to contact the Paratransit carrier in the area to which they would like to travel to determine eligibility and local travel rules.

Subscription Service

Subscription Service is not required by the ADA. However, in an effort to best meet our customers' needs, Pace offers limited Subscription Service for customers who require repetitive trips from the same origin and to the same destination over an extended period of time.

Subscription Service customers do not need to call to reserve each of their repetitive trips.

Subscription Service is for trips to work, work training, education-specialized medical care, or other repetitive travel needs. In order to qualify for a Subscription trip, the same ride must be taken at the same time at least twice a week.

Because the availability of Subscription Service is limited, some customers may be placed on a waiting list. Other restrictions may also apply. All subscription rides are automatically canceled on the holidays listed in the section "Holiday Service." Customers who wish to ride on these days must book a demand trip the day before with the appropriate area carrier. Subscription Service trips requiring changes should be canceled and demand trips should be requested. To cancel a specific trip that is a part of Subscription Service, customers must call the carrier. Customers should take care to only cancel one specific trip and not cancel their Subscription Service entirely. Failure to cancel trips appropriately and/or excessive cancellations may result in dismissal from the Subscription Service program. Subscription Service may be placed on hold to accommodate vacations, hospital stays, and other limited periods of time when service will not be needed. Subscription Service is not meant to hold a time slot for trips made only occasionally. Subscription trips may be assigned to any one of Pace's contract carriers.

Mobility Direct

Mobility Direct is a taxi-based subscription service for people who are eligible for ADA Paratransit Service. Mobility Direct can be used for repetitive trips that are to and from the same place at the same time on the same days, up to ten miles each way. The repetitive trip can be used for one day a week or for as many as seven days a week. Mobility Direct only operates within the City of Chicago.

There is no Mobility Direct service on the holidays listed on in the section "Holiday Service." Customers must call and individually register any trips that they would like to take place on these holidays. Customers need to call their taxi affiliation to cancel any specific Mobility Direct trip. Customers should take care to only cancel one specific trip and not cancel their service entirely. Failure to cancel trips appropriately may result in dismissal from the Mobility Direct program. Customers should contact Pace for any cancellations in excess of two (2) consecutive days.

Taxi Access Program (TAP)

ADA eligible Paratransit customers may purchase taxi vouchers worth up to \$13.50 of the metered cab fare for \$5.00 each. In addition, Pace pays the \$1.00 taxi fuel surcharge. TAP increases flexibility in scheduling non-stop service within the City of Chicago. All Chicago taxicab companies participate in TAP. It is not necessary to reserve trips the day before as is required by other paratransit services.

When using TAP it is necessary to wait a minimum of ten minutes in between taxi rides. Taking two or more taxi trips in fewer than ten minutes is referring to as “chaining trips” and is a serious violation of TAP rules. Customers and taxi drivers who are found to be in violation of this rule risk suspension or removal from the Taxi Access Program.

Customers who require lift-equipped cabs should call the Chicago Accessible Taxicab Service at 1-800-281-4466. For more information, please call Pace to request a TAP brochure or visit www.PaceBus.com. A list of cab companies can be found under the “Taxi Access Program Reference Numbers” section at the beginning of this guide.

Visitors to the City of Chicago

Pace provides ADA Paratransit Service to visitors with disabilities who do not live in the CTA or Pace service area. To ride with Pace Paratransit, visitors must present documentation that they are ADA eligible for Paratransit Service in the jurisdiction in which they reside. If a visitor is unable to present this documentation, Pace will require documentation of residency and disability. Documentation of eligibility for Paratransit Service for out-of-town visitors should be made at least seven days before the first desired day of travel.

Visitors will not be provided service for more than twenty-one (21) days within a calendar year. Customers who wish to receive service beyond this twenty-one (21) day period must apply for eligibility with the RTA.

Alternative Transportation Services

- **Travel Training**
Travel Training is available for customers who need assistance using the CTA or Pace bus or rail system. Training is provided by professional instructors at no cost, and all training is tailored to the individual customer’s particular needs and desires. With Travel Training instruction, some disabled customers may be able to learn how to use accessible CTA buses and trains. Please call the RTA at (312) 663-HELP (4357 voice) or (312) 913-3122 (TTY) for more information about Travel Training.
- **Using Bus and Rail Service**
The RTA ADA Paratransit ID card permits eligible customers and accompanying PCAs to ride the Pace bus and CTA bus and rail systems at reduced fares. The Reduced Fare 30-Day Pass is available at Currency Exchanges, select Jewel, Dominick’s, and Cub Food stores, and through pace’s website: www.PaceBus.com and is only valid on Pace and CTA fixed bus or rail systems.

Emergency Assistance

If a vehicle has not arrived after forty-five minutes, please call:

Voice: 1-800-606-1282 Option #3

TTY: 1-888-847-0093

For life threatening and medical emergencies, always dial 911!

Pace Paratransit Operations

547 W. Jackson Blvd.
Chicago, IL 60661
Voice: 1-800-606-1282
TTY: 1-888-847-0093

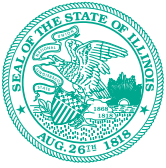


City of Chicago
COMMISSION ON HUMAN RELATIONS
740 N. Sedgwick, 3rd Floor, Chicago, IL 60654
312/744-4111 (Voice), 312/744-1081 (Fax), 312/744-1088 (TDD)

COMPLAINT

COMPLAINANT'S NAME		TELEPHONE			
STREET ADDRESS		CITY, STATE, ZIP CODE:			
RESPONDENT NAME(S)		TELEPHONE			
STREET ADDRESS:		CITY, STATE, ZIP CODE:			
TYPE OF COMPLAINT:	<input type="checkbox"/> EMPLOYMENT	<input type="checkbox"/> HOUSING	<input type="checkbox"/> PUBLIC ACCOMMODATION	<input type="checkbox"/> CREDIT	<input type="checkbox"/> BONDING
CHECK EACH DISCRIMINATION BASIS CLAIMED , and state your status in the space provided. For example, if you claim national origin discrimination, state your national origin. If age, state your age.					
<input type="checkbox"/> RACE	<input type="checkbox"/> SEX		<input type="checkbox"/> DISABILITY		
<input type="checkbox"/> COLOR	<input type="checkbox"/> SEXUAL ORIENTATION		<input type="checkbox"/> AGE (over 40)		
<input type="checkbox"/> NATIONAL ORIGIN	<input type="checkbox"/> GENDER IDENTITY		<input type="checkbox"/> SOURCE OF INCOME		
<input type="checkbox"/> ANCESTRY	<input type="checkbox"/> MARITAL STATUS		<input type="checkbox"/> MILITARY DISCHARGE STATUS		
<input type="checkbox"/> RELIGION	<input type="checkbox"/> PARENTAL STATUS		<input type="checkbox"/> RETALIATION for filing CCHR complaint or participating in proceedings except housing cases		
DATE OF THE ALLEGED DISCRIMINATION					
Month, day, and year. For <i>latest</i> incident if more than one.					
ALLEGED DISCRIMINATORY CONDUCT. In chronological order, describe each discriminatory action taken against you. Use separate numbered paragraphs. For each action, state the date/s it occurred, where it occurred, what happened, and the name and title of the person who did it. You may attach up to four additional sheets to complete your allegations.					
I swear or affirm that I have read this complaint and that it is true and correct to the best of my knowledge, information and belief. I give permission to each named respondent to release to the Commission on Human Relations any records or other evidence relevant to the allegations in this complaint, including but not limited to internal investigations, personnel records, and medical records. This complaint consists of ___ pages including this page.					
COMPLAINANT SIGNATURE:				DATE SIGNED (month/day/year)	

CCHR CASE NO: _____



Illinois Department on Aging
PO Box 19003
Springfield, Illinois 62794-9003

2008
Form IL-1363
Application Booklet

Seniors or Persons with Disabilities
Apply on Form IL-1363

for

Illinois Cares Rx

a Circuit Breaker grant

a license plate discount



Remember:
You must file
each year!



Get
your
benefits
fast!

File on the Internet

at www.cbrx.il.gov

Illinois Cares Rx qualifications,
see page 7.

Where can you go for help?
See pages 31-32.

Postmark deadline for filing is
December 31, 2009.

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When may you expect to receive your benefits?

? When may you expect to receive your grant?
Applications filed on the Internet are processed faster. If you file on the Internet, we will issue your grant in approximately 3 weeks. If you send us your completed Form IL-1363 early in the year, we will issue your grant in three to four months. If you send us your completed Form IL-1363 after May 1, we will issue your grant in approximately 10 weeks.

Note ➔ Processing will be delayed if we need to request additional information from you.

? When may you expect your prescription drug benefits to begin?
 If you are applying for the first time, your prescription drug benefits will begin within approximately 6 weeks following **approval** of your application.

If you are applying for a renewal card, your benefits will begin January 1, 2010.

Note ➔ Processing will be delayed if we need to request additional information from you.

? What discount may you expect for your vehicle’s license plates?
 If your Form IL-1363 is approved, you will receive a notice from the Illinois Secretary of State that you have qualified for a \$54 license plate discount. You should keep this notice for renewing your plates. You may only use the discount for one vehicle per household. For contact information, see the back cover.

Postmark deadline for filing is December 31, 2009.

SECTION D: Does your total income allow you to file this application? See instructions.

25 Write household size (add the number of persons on Lines 2 and 9, and on Schedule B, Line 9). **25**

SECTION E: Tell us about the Illinois property tax or rent you paid in 2008.

26 Property tax you paid or was payable in 2008 (total of both installments)..... **26**

27 Mobile home tax you paid in 2008 (yearly total). **27**

28 Rent you paid in 2008 (yearly total). Does your rent include food? **yes** **no** **28**

a To whom did you pay rent in 2008?

Name _____ Phone (_____) _____ - _____

Address _____ City _____ State _____ ZIP _____

b How many months did you rent here in 2008? **b** _____  *Attach page if other rentals.*

Note **Do not** include amounts paid by a "Section 8" program.
If you now live in public housing, but last year lived in private housing, see the instructions for Line 28.

29 Nursing, retirement, or shelter care home charges you paid in 2008 (yearly total)..... **29**


a To whom did you pay nursing, retirement, or shelter care home charges in 2008?

Name _____ Phone (_____) _____ - _____

Address _____ City _____ State _____ ZIP _____

b How many months did you live here in 2008? **b** _____  *Attach page if other charges.*

Note **Do not** include amounts paid by Human Services.

 **Sections F, G and H should only be filled out if you are requesting Illinois Cares Rx benefits or the monthly rebate. (If "no," go to Section I.)**

SECTION F: For your Illinois Cares Rx benefits or monthly rebate. See instructions.

30 Are you a U.S. citizen or qualified noncitizen?
Note You may still get some drug coverage, a grant, and a license plate discount even if no box is checked above.

31 Are you currently eligible for Medicare Part A and/or Part B for your hospital or doctor expenses? **yes** **no**
(If "no," go to Line 32.)

a If "yes," print the name and claim number as it appears on your red, white and blue Medicare card or Railroad Retirement card.

First name Last name Claim number

- b** If you are already enrolled in a Medicare Part D plan, what is the name of your plan?
- | | | |
|--|--|---|
| <input type="checkbox"/> 1 AARP Medicare Rx Preferred | <input type="checkbox"/> 6 Group Health Plan (GHP) | <input type="checkbox"/> 11 SecureHorizons by United Healthcare |
| <input type="checkbox"/> 2 Essence | <input type="checkbox"/> 7 Health Alliance Medical Plans | <input type="checkbox"/> 12 SilverScript |
| <input type="checkbox"/> 3 Erickson | <input type="checkbox"/> 8 HealthSpring | <input type="checkbox"/> 13 UnitedHealth Rx Basic |
| <input type="checkbox"/> 4 Evercare | <input type="checkbox"/> 9 Humana | <input type="checkbox"/> 14 WellCare Classic |
| <input type="checkbox"/> 5 First Health Part D — Premier | <input type="checkbox"/> 10 PersonalCare | <input type="checkbox"/> 15 Other: _____ |

c Do you have HIV/AIDS? **yes** **no** See instructions for added "wrap around" benefits.

(Section F continued.)

32 You can choose to receive a \$25 monthly rebate **instead of** help paying for prescriptions.

a Do you have private, creditable health insurance, Veterans Administration (VA) benefits, or a non-coordinating Medicare Part D plan that pays for prescription drugs? **yes** **no** (If “no,” go to Section G.)

b Do you want a \$25 monthly rebate **instead of** help paying for prescriptions? **yes** **no**

Note Do not mark “yes” if you are receiving prescriptions through a coordinating Medicare Part D plan listed in Line 31b. If you are enrolled in one of these plans, Illinois Cares Rx will help pay for your prescriptions.

SECTION G: For your spouse’s Illinois Cares Rx benefits or monthly rebate. See instructions.

33 Is your spouse a U.S. citizen or qualified noncitizen?

Note Your spouse may still get some drug coverage even if no box is checked above.

34 Is your spouse currently eligible for Medicare Part A and/or Part B for his or her hospital or doctor expenses? **yes** **no** (If “no,” go to Line 35.)

a If “yes,” print the name and claim number as it appears on your spouse’s red, white and blue Medicare card or Railroad Retirement card.

First name	Last name

	<table border="1" style="border-collapse: collapse; width: 100%; height: 20px;"><tr><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td><td style="width: 10%;"></td></tr></table>										
	Claim number										

b If your spouse is already enrolled in a Medicare Part D plan, what is the name of your spouse’s plan?

- | | | |
|---|---|--|
| <input type="checkbox"/> 1 AARP Medicare Rx Preferred | <input type="checkbox"/> 6 Group Health Plan (GHP) | <input type="checkbox"/> 11 SecureHorizons
by United Healthcare |
| <input type="checkbox"/> 2 Essence | <input type="checkbox"/> 7 Health Alliance
Medical Plans | <input type="checkbox"/> 12 SilverScript |
| <input type="checkbox"/> 3 Erickson | <input type="checkbox"/> 8 HealthSpring | <input type="checkbox"/> 13 UnitedHealth Rx Basic |
| <input type="checkbox"/> 4 Evercare | <input type="checkbox"/> 9 Humana | <input type="checkbox"/> 14 WellCare Classic |
| <input type="checkbox"/> 5 First Health Part D
— Premier | <input type="checkbox"/> 10 PersonalCare | <input type="checkbox"/> 15 Other: _____ |

c Does your spouse have HIV/AIDS? **yes** **no** See instructions for added "wrap around" benefits.

35 Your spouse can choose to receive a \$25 monthly rebate **instead of** help paying for prescriptions.

a Does your spouse have private, creditable health insurance, Veterans Administration (VA) benefits, or a non-coordinating Medicare Part D plan that pays for prescription drugs? **yes** **no** (If “no,” go to Section H.)

b Does your spouse want a \$25 monthly rebate **instead of** help paying for prescriptions? **yes** **no**

Note Do not mark “yes” if your spouse is receiving prescriptions through a coordinating Medicare Part D plan listed in Line 34b. If your spouse is enrolled in one of these plans, Illinois Cares Rx will help pay for his or her prescriptions.

SECTION H: For your or your spouse's Illinois Cares Rx benefits or monthly rebate.

If you or your spouse want help paying for drugs or a monthly rebate, failure to complete this section will delay the processing of your application.

36 Do you, your spouse (if married and living together), or both of you own any of the following items:

- Bank accounts (checking, savings and certificates of deposit);
- Stocks, bonds, savings bonds, mutual funds, individual retirement accounts and similar investments;
- Real estate (other than your home); **or**
- Any other cash at home or elsewhere?

yes no

If "yes,"

a Single: Is the total value of the items listed above worth more than \$12,510? yes no

b Married and living together: Is the total value of the items listed above worth more than \$25,010? yes no

Note If you answered "no" on Line 36, Line 36a or 36b, you **must** complete Schedule C.

SECTION I: For the People with Disabilities Ride Free Transit Card. See instructions.

Complete this section only if you or your spouse want to apply for the People with Disabilities Ride Free Transit Card.

37 Yes, I want to apply for the Transit Card.

38 Yes, my spouse wants to apply for the Transit Card.

SECTION J: Sign below.

Under penalties of perjury, I state that I have examined this form and, to the best of my knowledge, it is true, correct, and complete. I give the state of Illinois permission to get records from anyone concerning information on this form. As permitted by law, and subject to revocation, I authorize disclosure of the following information to, by, and between the Illinois Department on Aging and the Illinois Department of Healthcare and Family Services for the Circuit Breaker/Illinois Cares Rx Programs: (1) citizenship, identification, and HIV/AIDS status information maintained by the Illinois Department of Public Health; (2) tax return information maintained by the Illinois Department of Revenue; (3) citizenship and identification information maintained by the Illinois Secretary of State; and (4) identification information for ride programs offered by mass transit authorities, for the limited purposes of confirming my eligibility for applicable benefits and related outreach enrollment efforts through the end of the appropriate audit period. If resource availability permits, I also authorize the state of Illinois to apply on my behalf for any federal drug benefits I may be eligible to receive under the Medicare program. I assign to the state of Illinois my right to any benefits, including reimbursement, under any private plan of assistance, public assistance program, insurance plan, or from any liable third party, for prescription drugs that I receive through the Illinois Cares Rx program. I also agree that if I receive any such payments or other payments or benefits under the programs on this form in error, or that I was not entitled to, I will repay them to the state of Illinois. I authorize release of medical and pharmaceutical records for audit and verification purposes, and exchange of health care information between any drug utilization review service authorized by the state of Illinois and any of my physicians and pharmacists to the extent necessary for the operation of a drug utilization review service.

39 _____ **41** _____
Claimant's signature Date Preparer's name (Please print or type.) Phone number

40 _____
Spouse's signature (If living together) Date

<i>Official use only</i>					
SHAP			County/Sub-Area Code		

If applying for ALL Form IL-1363 benefits, including Illinois Cares Rx, mail to:
CIRCUIT BREAKER/ILLINOIS CARES RX
ILLINOIS DEPARTMENT ON AGING
P.O. BOX 19022
SPRINGFIELD, IL 62794-9022

If ONLY applying for a grant, license plate discount and/or the free ride, mail to:
CIRCUIT BREAKER
ILLINOIS DEPARTMENT ON AGING
P.O. BOX 19003
SPRINGFIELD, IL 62794-9003

**Postmark
deadline for filing
is Dec. 31, 2009.**

If you need assistance, 1) visit www.cbrx.il.gov on the Internet, 2) find a local agency serving seniors by calling the Senior HelpLine at **1-800-252-8966**, or 3) call us at **1-800-624-2459** or **1-888-206-1327 (TTY)**.

Qualifications

Apply for benefits on Form IL-1363 if you meet the following requirements:

Age:

- You must be 65 years of age or older before January 1, 2009; or
- You must become 65 years of age during 2009 (benefits become available after you turn 65; your Circuit Breaker grant will be prorated based on the number of months you were 65 in 2009); or
- You must be 16 years of age or older before January 1, 2009, and totally disabled; or
- You must be a widow or widower who was 63 or 64 years of age before the death of your spouse, if your spouse was receiving or eligible to receive Form IL-1363 benefits. However, you will not be eligible to receive Illinois Cares Rx until you reach age 65.

Residency/Citizenship:

- You must live in Illinois at the time you file your application; and
- You must continue to be a resident of Illinois to receive Illinois Cares Rx; and
- You must have lived in an Illinois residence in 2008 that was subject to property or mobile home tax to be eligible for a Circuit Breaker grant.
- You must be a U.S. citizen or qualified noncitizen for Illinois Cares Rx Plus. There is no citizenship requirement for the other Form IL-1363 benefits.

Income limit for Circuit Breaker grant and license plate discount:

- Your* total income (see page 18) in 2008 must be less than
 - **\$22,218** if filing an application for yourself only; or
 - **\$29,480** if filing an application for yourself and your spouse*, or yourself and one qualified additional resident; or
 - **\$36,740** if filing an application for yourself, your spouse* and at least one qualified additional resident, or yourself and at least two qualified additional residents.

Income limit for Illinois Cares Rx Plus:

- Your* total income (see page 18) in 2008 must be less than
 - **\$23,903** if filing an application for yourself only; or
 - **\$32,177** if filing an application for yourself and your spouse*, or yourself and one qualified additional resident;

Income limit for Illinois Cares Rx Basic:

- Your* total income (see page 18) in 2008 must be less than
 - **\$25,532** if filing an application for yourself only; or
 - **\$33,877** if filing an application for yourself and your spouse*, or yourself and one qualified additional resident; or
 - **\$42,220** if filing an application for yourself, your spouse* and at least one qualified additional resident, or yourself and at least two qualified additional residents.

If your 2008 income was over the limits for Illinois Cares Rx Plus/Basic, see “Projecting your income” in the instructions for Section D on page 18.

Note A qualified additional resident will **not** receive help paying for prescription drugs under Illinois Cares Rx. However, this person may be eligible to receive prescription drug benefits if he or she files a separate 2008 Form IL-1363 in his or her name. A person cannot file a separate Form IL-1363 and also be listed as a qualified additional resident on another application for the same year.

Note Individuals with Medicare must apply for “extra help” and be in a coordinating Medicare Part D plan to receive Illinois Cares Rx “wrap around” drug benefits.

Deadline

Form IL-1363 must be postmarked on or before December 31, 2009. File earlier to get your benefits sooner.

*You must include your spouse's income (if married and living together).
Do not include income of a qualified additional resident.



How to estimate your Circuit Breaker Property Tax Grant

How much will your grant be?
Your grant is figured by a formula using the amount you paid in property tax or mobile home tax for your place of residence (where you lived in 2008) and the amount of your total income.

Renters and nursing, retirement, or shelter care home residents: If you lived in a residence that was subject to property tax, your grant is figured using a percentage of the amount you paid in rent or nursing home charges.

Step 1
Determine your total income on Line 23 of your Form IL-1363. Then find the next higher figure under "Household Income" (Item 1) across the top of the **Grant Estimate Chart** below.

Step 2
If you were a homeowner: Find the amount written on Line 26 of your Form IL-1363. Then find the next lower figure using the "Property Tax" column (Item 2) on the left side of the chart.
If you were a renter: Find the amount written on Line 28 of your Form IL-1363. Then find the next

lower figure using the "Rent" column (Item 3) on the left side of the chart.

If you were in a nursing, retirement, or shelter care home: Divide the amount written on Line 29 of your Form IL-1363 by 4. Then find the next lower figure using the "Rent" column (Item 3) on the left side of the chart.

Step 3
Find the point on the chart where the column and row come together. This figure is your estimated grant with a few exceptions. For example, your grant will be reduced if you

- received more than \$55 per month of cash assistance in the aged, blind, and disabled categories (see page 16, Line 17 instructions). For each month that you received more than \$55 per month of cash assistance in the aged, blind, and disabled categories, you are ineligible for a grant for that month.
- become 65 years of age during 2009. Your grant will only be calculated for the months you are 65.
- indicate your rent includes food.

Grant Estimate Chart

		Item 1 Household Income (Line 25) - Find the next highest figure (round up)																	
		\$0	2,000	4,000	6,000	8,000	10,000	12,000	14,000	16,000	18,000	20,000	22,000	24,000	26,000	28,000	30,000	33,000	Less than 36,740
Item 2 Property Tax	Item 3 Rent (Yearly)																		
75	300	75	5																
205	820	205	135	65															
335	1,340	335	265	195	125	55													
465	1,860	465	395	325	255	185	115	45											
595	2,380	595	525	455	385	315	245	160	70	35									
725	2,900	700	610	520	430	340	250	160	70	70	70	25							
855	3,420	700	610	520	430	340	250	160	70	70	70	70	70	15					
985	3,940	700	610	520	430	340	250	160	70	70	70	70	70	70	70	5			
1,115	4,460	700	610	520	430	340	250	160	70	70	70	70	70	70	70	70	65		
1,245	4,980	700	610	520	430	340	250	160	70	70	70	70	70	70	70	70	70	70	70
1,375+	5,500+	700	610	520	430	340	250	160	70	70	70	70	70	70	70	70	70	70	70

Note Use the last line of this chart to estimate your grant for any amount of property tax paid that is more than \$1,375 or rent paid that is more than \$5,500.



Help paying for prescription drugs

? Who may get Illinois Cares Rx prescription drug benefits?

A claimant or claimant's spouse who meets the qualifications on page 7 and applies may get Illinois Cares Rx prescription drug benefits. The information on your Form IL-1363 application will determine your prescription drug benefits.

Each person approved for Illinois Cares Rx prescription drug benefits will get a card. Persons eligible for Medicare who want to receive "wrap around" benefits must be enrolled in a coordinating Medicare Part D plan. In addition to the Illinois Cares Rx card, you will receive an identification card from your Medicare Part D plan.

? What drugs are covered?

Illinois Cares Rx Basic covers prescription drugs used in the treatment of 11 diseases: Alzheimer's, arthritis, cancer, diabetes (including insulin, syringes and needles), glaucoma, heart disease and its related conditions, HIV/AIDS (if you have Medicare), lung disease and smoking-related illnesses, multiple sclerosis, osteoporosis and Parkinson's. **Illinois Cares Rx Plus** covers almost all prescription drugs.

? How does Illinois Cares Rx work with Medicare Part D?

If you are found eligible for Illinois Cares Rx, you will receive a blue Illinois Cares Rx card. You may use your Illinois Cares Rx card at a participating pharmacy for Medicare Part D excluded drugs. For most of your prescriptions, you will need to present your identification card from your Medicare Part D plan at a network pharmacy. You must follow your coordinating Medicare Part D plan's drug formulary.

If you are enrolled in a coordinating Medicare Part D plan, your co-payments for covered medications will be \$2.40 for generic drugs, \$6.00 for preferred brand name drugs, and \$15 for non-preferred brand name or specialty drugs. If you have a diagnosis of HIV/AIDS, your co-payments for the entire calendar year will be \$2.40 for generic drugs and \$6.00 for brand name drugs on the AIDS Drug Assistance

Program (ADAP) formulary that are also on the coordinating Medicare Part D plan's formulary.

After \$2,700 in benefits has been paid on your behalf, you must pay your co-payment plus 20 percent of the cost of each prescription. After \$6,153.75 in prescription drug costs, your share of costs will drop to 5 percent.

For prescription medications not covered under the Illinois Cares Rx Basic program, you will receive the basic Medicare benefit but your co-payments may be higher. You will not receive the "wrap around" benefit on these drugs.

? How does Illinois Cares Rx work without Medicare Part D?

If you are found eligible for Illinois Cares Rx, you will receive a blue Illinois Cares Rx card. Present this card at a participating pharmacy.

You must follow the Illinois Cares Rx drug formulary. The Illinois Cares Rx preferred drug list is available at www.cbrx.il.gov on the Internet. Remember, not all drugs listed on the preferred drug list are covered under the Illinois Cares Rx Basic benefit.

Prior approval may be required for some prescription medications. Your pharmacy or doctor's office may call to request prior approval of a non-preferred drug. If the request is approved, your pharmacy will be able to fill your prescription within 24 hours. If the request is denied, you will receive a denial letter in the mail. You have the right to appeal the denial of a prior approval request.

Co-payments for covered medications will be \$2.40 for generic drugs and \$6.00 for brand name drugs. For brand name drugs when a generic drug is available, you will also be required to pay the difference in price. For Illinois Cares Rx Basic members, if a medication is not covered, you will not receive any coverage for that prescription.

After \$1,750 in benefits has been paid on your behalf, you must pay your co-payment plus 20 percent of the cost of each prescription for the remainder of the calendar year.



How the federal and state prescription drug programs work

- ?** Who is eligible for Medicare Part D? Medicare Part D is available to anyone who has Medicare Part A and/or Part B. For more information about Medicare Part D, call Medicare at 1-800-MEDICARE (1-800-633-4227 or 1-877-486-2048 TTY) or visit www.medicare.gov on the Internet.
- ?** What Medicare Part D plan must you be in to receive “wrap around” benefits?
In order to receive the Illinois Cares Rx “wrap around” benefit, you must be in a coordinating Medicare Part D plan. See pages 12 and 13 for the plan contact information. The stand-alone Medicare Part D plans coordinating with Illinois Cares Rx are AARP Medicare Rx Preferred, First Health Part D — Premier, Humana PDP Standard, SilverScript Value, United Health Rx Basic and WellCare Classic. The companies with Medicare Advantage plans coordinating with Illinois Cares Rx are Essence, Group Health Plan (GHP), Health Alliance Medical Plans, HealthSpring, Humana, PersonalCare Insurance of Illinois, Inc., UnitedHealthcare (including SecureHorizons, Evercare and Erickson), and WellCare. Medicare Advantage plans may be available in only certain counties in the state.
If you are enrolled in a coordinating Medicare Part D Plan or Medicare Advantage plan, Illinois Cares Rx will pay your monthly drug premium (excluding any late enrollment penalty) and help pay your Medicare Part D cost sharing.
- ?** What if you do not have Medicare? If you do not have Medicare, you can still receive drug coverage from Illinois Cares Rx.
- ?** When can you enroll in a Medicare Part D plan?
Medicare’s annual open enrollment period is November 15 through December 31. During the open enrollment period, you may join or switch to a different Medicare Part D plan. As a member of Illinois Cares Rx, you have an annual Special Enrollment Period to join a Medicare Part D plan for the first time or to change plans.
- ?** Can you enroll in a Medicare Part D plan on your own?
Yes. You may contact one of the coordinating Medicare Part D plans to enroll. If you have enrolled on your own, you can let us know by answering Line 31b for you and 34b for your spouse. If you are not receiving “wrap around” benefits, you should call the Health Benefits Hotline at 1-800-226-0768 (1-877-204-1012 TTY) or the Senior HelpLine at 1-800-252-8966 (1-888-206-1327 TTY).
- ?** Do you have to switch Medicare Part D plans each year?
No. If you are enrolled in a Medicare Part D plan and you are satisfied with your benefits, you do not need to change.
- ?** How do you switch to a different coordinating Medicare Part D plan?
To switch to a different Medicare Part D plan coordinating benefits with Illinois Cares Rx, contact the Medicare Part D plan you wish to join and identify yourself as an “Illinois Cares Rx member.” **Do not call the plan you are currently in to switch or disenroll.**
- ?** What is the Medicare Part D late enrollment penalty?
If you do not join a Medicare Part D plan when first eligible and you do not have creditable drug coverage, you may incur a late enrollment penalty when you join later. The penalty is at least 1 percent of the average national premium for each month of delay in addition to your monthly premium. Illinois Cares Rx will not pay any late enrollment penalty.
- ?** What is Medicare’s “Extra Help”?
Medicare’s “extra help,” sometimes called the low-income subsidy (LIS), offers financial assistance with Medicare Part D drug costs for qualifying individuals with limited income and resources.

How the federal and state prescription drug programs work

- ❓ Who should apply for “Extra Help”?
In order to receive Illinois Cares Rx coverage, you must apply for “extra help.” Even if you do not qualify for “extra help,” you may still be eligible for Illinois Cares Rx. If you currently have “extra help” you do not need to reapply unless notified by the Social Security Administration to do so.
- ❓ How do you apply for “Extra Help”?
To apply for “extra help,” contact the Social Security Administration at 1-800-772-1213 or 1-800-325-0778 (TTY) or at www.socialsecurity.gov on the Internet.
- ❓ What is the Medicare Savings Program (MSP)?
If you have limited income and assets, MSP may help pay some or all of your Medicare Part A and/or Part B premiums and may pay deductibles and coinsurance. These programs are known as QMB, SLMB and QI-1.
- ❓ How do you apply for the MSP?
Visit your local Illinois Department of Human Services (DHS) Family Community Resource Center (FCRC) and a caseworker will help you apply for MSP. You will need a copy of your Medicare card or a letter describing your Medicare eligibility. For more information, call the DHS Helpline at 1-800-843-6154 or 1-800-447-6404 (TTY).
- ❓ What benefits does MSP provide?
If you qualify for MSP, not only will the state help pay some or all of your Medicare Part A and Part B costs; but as a participant in MSP, you automatically qualify for “extra help” with your Medicare Part D drug costs. This means you will pay no Medicare Part D premium and have low Medicare Part D co-payments. Most importantly, you will not experience a coverage gap or “donut hole.”

Illinois Cares Rx Rebate

- ❓ What is the Illinois Cares Rx rebate?
The Illinois Cares Rx rebate is a \$25 monthly check that you may choose to receive **instead of** help paying for prescriptions.
- ❓ Who qualifies for the Illinois Cares Rx rebate?
You (or your spouse) may qualify for the Illinois Cares Rx rebate if:
- you are approved for Illinois Cares Rx Basic or Plus drug coverage, **and**
 - you have private, creditable health insurance that includes prescription drug coverage, **or**
 - you have Veterans Administration benefits that you use to obtain your prescriptions, **or**
 - you are enrolled in a **non-coordinating** Medicare Part D plan or Medicare Advantage plan without full “extra help.”
- You must maintain this other prescription drug coverage as long as you receive the Illinois Cares Rx rebate. If your prescription coverage ends for any reason, call the Health Benefits Hotline toll-free at **1-800-226-0768**.
- ❓ Who does not qualify for the Illinois Cares Rx rebate?
You **do not** qualify for the Illinois Cares Rx rebate if:
- you have full Medicaid benefits,
 - you are enrolled in a coordinating Medicare Part D plan and need “wrap around” benefits under Illinois Cares Rx, **or**
 - you are eligible for full “extra help” through the Social Security Administration and are receiving these benefits through any Medicare Part D plan.
- ❓ Can you get both the prescription drug coverage and the rebate under the Illinois Cares Rx program?
No. You can have either drug coverage or the rebate, **but not both**.



Coordinating Medicare Prescription Drug Plans

Stand-alone Plans Coordinating with Illinois Cares Rx in 2009

COMPANY NAME and TELEPHONE	PLAN NAME — Available Statewide
First Health 1-866-865-0662, TTY: 1-800-716-3231	<ul style="list-style-type: none"> • First Health Part D – Premier (S5768-042)
Humana 1-888-445-8678, TTY: 1-800-833-3301	<ul style="list-style-type: none"> • Humana PDP Standard (S5884-075)
SilverScript Enrollment: 1-866-634-6557, TTY: 1-866-552-6288 Customer Service: 1-866-235-5660, TTY: 1-866-236-1069	<ul style="list-style-type: none"> • SilverScript (S5601-034)
United Healthcare Insurance Company, Inc. AARP Enrollment and Customer Service: 1-877-710-5083, TTY: 1-877-730-4192 UnitedHealth Rx Basic Enrollment and Customer Service: 1-877-259-0490, TTY: 1-877-730-4203	<ul style="list-style-type: none"> • AARP Medicare Rx Preferred (S5820-016) • UnitedHealth Rx Basic (S5921-082)
WellCare Health Plans Enrollment and Customer Service: 1-888-550-5252, TTY: 1-888-816-5252	<ul style="list-style-type: none"> • WellCare Classic (S5967-154)

Medicare Advantage Plans Coordinating with Illinois Cares Rx in 2009 (Medicare Advantage plans may be available only in certain counties.)

COMPANY NAME AND TELEPHONE	PLAN NAME
Essence 1-866-597-9560, TTY: 1-866-597-9561	<ul style="list-style-type: none"> • Essence Advantage (H2610-005) • Essence Advantage Plus (H2610-006) • Essence Advantage Special Needs (H2610-010)
Evercare and Erickson Evercare Premium/Enrollment: 1-800-617-1014, TTY: 1-888-685-8480 Evercare Customer Service: 1-877-702-5110 Erickson Premium/Enrollment: 1-800-617-1014, TTY: 1-888-685-8480 Erickson Customer Service: 1-866-314-8188	<ul style="list-style-type: none"> • Evercare DH (H2654-024) • Evercare MH (H2654-026) • Evercare IH-POS (H3887-001) • Evercare DH-POS (H3887-002) • Evercare MH-POS (H3887-005) • Erickson Advantage Signature with Drugs (H3435-001) • Erickson Advantage Champion (H3435-003)
Group Health Plan (GHP) Enrollment: 1-866-557-8753, TTY: 1-877-486-2048 Customer Service: 1-800-533-0367, TTY: 1-877-231-0573	<ul style="list-style-type: none"> • Advantra Option 1 (H2663-006) • Advantra Option 2 (H2663-002) • Advantra Option 3 (H2663-012) • Advantra Extra 1 (H2663-008) • Advantra Extra 2 (H2663-009) • Advantra Extra 3 (H2663-010) • Advantra Extra 4 (H2663-011) • Gold Advantage Option 1 (H2663-005) • Gold Advantage Option 2 (H2663-007)

Coordinating Medicare Prescription Drug Plans

(Medicare Advantage Plans continued.)

COMPANY NAME AND TELEPHONE	PLAN NAME
HealthSpring Enrollment: 1-888-886-1993 TTY: 1-800-391-9806 Customer Service: 1-888-588-4827 TTY: 1-866-206-5565	<ul style="list-style-type: none"> • HealthSpring Healthy Advantage Basic Rx POS (H1415-022)
Health Alliance Medical Plans Enrollment and Customer Service: 1-800-965-4022 TTY: 1-866-883-8551	<ul style="list-style-type: none"> • Health Alliance HMO 20 Rx (H1463-003) • Health Alliance PPO 10 Rx (H1417-002) • Health Alliance PPO 30 Rx (H1417-004) • Health Alliance PPO Basic Rx (H1417-008)
Humana Enrollment and Customer Service: 1-888-445-8678, TTY: 1-800-833-3301	<ul style="list-style-type: none"> • Humana Gold Plus HMO (H1406-013) • Humana Gold Plus HMO (H1406-022) • Humana Gold Plus HMO (H1406-024) • Humana Gold Plus HMO (H1468-007) • Humana Choice PPO (H1418-007) • Humana Choice PPO (H5525-004) • Humana Gold Choice PFFS (H1804-137) • Humana Gold Choice PFFS (H1804-138) • Humana Gold Choice PFFS (H1804-286)
PersonalCare Insurance of Illinois, Inc. Enrollment and Customer Service: 1-866-784-4916 TTY: 1-866-784-4931	<ul style="list-style-type: none"> • Advantra Silver PPO (H7301-002) • Advantra Gold PPO (H7301-001)
SecureHorizons by United Healthcare Premium/Enrollment: 1-800-617-1014, TTY: 1-888-685-8480 Customer Service: 1-800-643-4845, TTY: 1-888-685-8480	<ul style="list-style-type: none"> • AARP MedicareComplete (H2654-004) • AARP MedicareComplete Choice (H5507-001) • AARP MedicareComplete Plan 1 (H4456-010)* • AARP MedicareComplete Plan 2 (H4456-015)* • AARP MedicareComplete Plan 3 (H4456-017)* <p><i>*The above three Plans (H4456010, H4456015, and H4456017) will not coordinate with Illinois Cares Rx on January 1, 2009, but will do so at some point during 2009 — approximately mid-year. When these plans become coordinating plans, they will offer the Illinois Cares Rx wrap-around benefit. Until that time, members enrolled in these plans can continue to get the Illinois Cares Rx Rebate.</i></p> <ul style="list-style-type: none"> • AARP MedicareComplete Plus Plan 1 (H2654-013) • AARP MedicareComplete Plus Plan 1 (H3887-003) • SecureHorizons Medicare Direct Rx Plan (H5435-023)
WellCare Enrollment: 1-866-334-6876, Option 4, TTY: 1-877-247-6272 Customer Service: 1-866-334-6876 TTY: 1-877-247-6272	<ul style="list-style-type: none"> • WellCare Choice (H1416-002) • WellCare Select (H1416-003), (H1416-013), (H1416-017) • WellCare Access (H1416-007) • WellCare Value (H1416-009), (H1416-014), (H1416-018) • WellCare Rx (H1416-019), (H1416-020), (H1416-021)



REGISTRATION CENTERS FOR CIRCUIT BREAKER PERMIT

IMPORTANT: YOU MUST BE ENROLLED IN THE CIRCUIT BREAKER PROGRAM BEFORE APPLYING.

If you are not enrolled in the Circuit Breaker program, please call 1-800-624-2459 [TTY: 1-888-206-1327] or visit www.illinois.gov/transit for more information.

**The following centers will process applications for those
already enrolled in Circuit Breaker program:**

DOWNTOWN

RTA MAIN OFFICE
165 NORTH JEFFERSON
(JEFFERSON & LAKE)
CHICAGO

CNT.RFA85
(312)-913-3110
PROVIDES PHOTO

CITY HALL

CHICAGO DEPARTMENT ON AGING
121 NORTH LASALLE ROOM 100

CNT.RFB85
(312)-744-4016

WEST

CHICAGO DEPT. ON AGING
2102 WEST OGDEN
CHICAGO

CNT.RF511
(312)-746-5300
PROVIDES PHOTO

WEST TOWN LOGAN SQUARE SENIOR CENTER
1613 WEST CHICAGO AVENUE
CHICAGO

CENTER
RF090
(312)-743-1016

NORTHWEST

COPERNICUS CENTER
CHICAGO DEPT. ON AGING
3160 NORTH MILWAUKEE
CHICAGO

CTR RF510
(312)-744-6681
PROVIDES PHOTO

NORTH

LEVY
CHICAGO DEPARTMENT ON AGING
2019 WEST LAWRENCE
CHICAGO

CTR.RF499
(312) 744-0784
PROVIDES PHOTO

SOUTHWEST

CHICAGO DEPARTMENT ON AGING
6117 SOUTH KEDZIE
CHICAGO

CTR FA00
312-747-0440
PROVIDES PHOTO

SOUTH

ATLAS
CHICAGO DEPARTMENT ON AGING
1767 EAST 79TH STREET
CHICAGO

CRT.RF514
312-747-0189
PROVIDES PHOTO

SUBURBAN REGISTRATION CENTERS FOR CIRCUIT BREAKER PERMIT

COOK SOUTH

PACE SOUTH DIVISION
2101 W. 163RD PLACE
MARKHAM 60426

CTR.RFS36
(708) 331-0051
PROVIDE PHOTO

BLOOM TOWNSHIP CENTER
425 SOUTH HALSTED STREET
CHICAGO HEIGHTS 60411

CTR.RFA09
(708) 754-9400
PROVIDES PHOTO

THORNTON TOWNSHIP
333 E. 162ND ST.
SOUTH HOLLAND 60473

CTR.RFB09
(708) 596-6040
PROVIDES PHOTO

RICHTON PARK TOWNSHIP OFFICE
22013 GOVERNORS HIGHWAY
RICHTON PARK 60070

CENT RFS37
(708) 748-6722
PROVIDES PHOTO

COOK SOUTHWEST

ORLAND PARK TOWNSHIP OFFICE
15100 S. 94TH AVE.
ORLAND PARK 60462

CNT RFS45
708 403-4222
PROVIDE PHOTO
PROVIDES PHOTO

LA GRANGE SW CENTER ON AGING
111 W. HARRIS AVENUE
LA GRANGE 60525

CTR. RF502
(708) 354-1323

COOK WEST

PACE WEST DIVISION
3500 W. LAKE ST.
MELROSE PARK 60160

RFC31
(708) 344-7400
PROVIDES PHOTO

OAK PARK TOWNSHIP
105 S. OAK PARK AVE
OAK PARK 60302

RFB03
(708) 383-8005
PROVIDES PHOTO

CITY OF ELMHURST
209 N. YORK STREET
ELMHURST, IL. 60126

RFD08
(630) 530-3015
PROVIDES PHOTO

COOK WEST

LEYDEN TOWNSHIP
2501 N. MANNHEIM AVE
PARK 60131

CTR.RFA03
(847) 455-8616 FRANKLIN

BERWYN-CICERO COUNCIL
ON AGING
7222 WEST CERMAK Suite 200
NORTH RIVERSIDE

(708) 447-2448
PROVIDES PHOTO

COOK NORTH

VILLAGE OF SKOKIE
5127 OAKTON ST.
SKOKIE 60077

CTR.RF504
(847) 933-8203
PROVIDES PHOTO

PACE HEADQUARTERS
550 W. ALGONQUIN ROAD
ARLINGTON HEIGHTS 60005

CTR.RFN35
847-3647223
PROVIDES PHOTO

PACE NORTHWEST
900 E. NORTHWEST HIGHWAY
DES PLAINES 60016

CTR.RFN09
(847) 297-0135
PROVIDES PHOTO

SCHAUMBURG TOWNSHIP
ONE ILLINOIS BLVD.
HOFFMAN ESTATES 60194

R.RF522
(847) 882-1929
PROVIDES PHOTO

DU PAGE

ELBURN VILLAGE HALL
301 EAST NORTH STREE
ELBURN

CTR. RDD35
(630) 3655060
PROVIDES PHOTO

LISLE TOWNSHIP
4721 INDIANA AVE
LISLE 60532

.RFD13
(630) 968-2087
PHOTO SERVICE

WHEATON
CITY OF WHEATON
303 W. WESLEY
WHEATON 60187

CTR.RFA08
(630) 260-2026
PHOTO SERVICE

MCHENRY

MCHENRY TOWNSHIP
3703 N. RICHMOND ROAD
MCHENRY 60050

CTR.RFA60
815 385-5605
PROVIDES PHOTO

KANE COUNTY

KANE COUNTY CLERK
719 BATAVIA AVENUE
GENEVA 60134

CTR. RFK10

(630) 232-5916

FOX VALLEY CNT FOR INDEPENDENT LIVING
730 WEST CHICAGO STREET
ELGIN 60123

CTR. RFD30
(847) 695-5818
PHOTO SERVICE

FOX VALLEY CNT.
FOR INDEPENDENT LIVING
8 EAST GALENA SUITE 201
AURORA 60506

RFD30

630-264-4349
PHOTO SERVICE

PACE FOX VALLEY
400 OVERLAND DRIVE
NORTH AURORA

CTR. RFD31
630-892-8444
PHOTO SERVICE

LAKE COUNTY

HIGHLAND PARK
MORAIN TOWNSHIP
777 CENTRAL AVE.
HIGHLAND PARK 60035

CTR.RFA91
(847) 432-3240
PROVIDES PHOTO

WINNETKA
NEW TRIER TOWNSHIP OFFICE
739 ELM STREET
WINNETKA

CENTER
RFN41
(847) 446-8202

PACE NORTH DIVISION
1400 W 10TH STREET
WAUKEGAN 60085

CTR.RFL23
(847) 662-1221
PROVIDE PHOTO.

FREMONT TOWNSHIP
22376 WEST ERHART ROAD
MUNDELEIN 60060

CENT.RFL26
(847) 223-2847
PHOTO SERVICE

ZION
ZION TOWNSHIP
2800 SHERIDAN ROAD
ZION 60099

CNT.RFL25
847-872-2811
PHOTO SERVICE

LAKE BLUFF
SHIELDS TOWNSHIP
906 MUIR AVE.
LAKE BLUFF 60044

PROVIDES PHOTO
CTR. RFL21
(847) 234-0802

FOR OFFICIAL USE ONLY
COM. NO. # _____
DATE REC' D: _____

COOK COUNTY
COMMISSION ON HUMAN RIGHTS
COMPLAINT FORM

NAME OF COMPLAINANT (Indicate Ms., Mr. or Mrs.)	TELEPHONE
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STREET ADDRESS	CITY	STATE	ZIP CODE
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NAME OF RESPONDENT	TELEPHONE
--------------------	-----------

STREET ADDRESS	CITY	STATE	ZIP CODE
----------------	------	-------	----------

TYPE OF COMPLAINT (Check as many as applicable)	
<input type="checkbox"/> EMPLOYMENT	<input type="checkbox"/> HOUSING
<input type="checkbox"/> COUNTY FACILITIES, SERVICES & PROGRAMS	<input type="checkbox"/> PUBLIC ACCOMMODATIONS
<input type="checkbox"/> CREDIT/BONDING	

BASIS OF DISCRIMINATION OR HARASSMENT (Check as many as applicable)		
(Physical)		
<input type="checkbox"/> Race	<input type="checkbox"/> Disability or mental)	<input type="checkbox"/> Parental status
<input type="checkbox"/> Color	<input type="checkbox"/> National Origin	<input type="checkbox"/> Military Discharge Status
<input type="checkbox"/> Sex	<input type="checkbox"/> Sexual Harassment	<input type="checkbox"/> Source of Income
<input type="checkbox"/> Age (over 40)	<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Housing Status
<input type="checkbox"/> Religion	<input type="checkbox"/> Marital Status	<input type="checkbox"/> Retaliation
<input type="checkbox"/> Ancestry	<input type="checkbox"/> Gender Identity	

DATE DISCRIMINATION OR HARASSMENT TOOK PLACE
(List the latest date, if continuing) _____ - _____ - 2004
month day year

THE PARTICULARS ARE (Attach extra sheets if additional space is needed): I.
--

Sworn and subscribed before me this _____ day of _____, 20____.

I declare that the foregoing is true and correct.

Notary Public

Complainant's Signature Date

FOR OFFICIAL USE ONLY
COM. NO. # _____
DATE REC' D: _____

COOK COUNTY
COMMISSION ON HUMAN RIGHTS
COMPLAINT FORM

THE PARTICULARS ARE (CONT'D)

Sworn and subscribed before me this
____ day of _____, 20__.

I declare under that the foregoing
is true and correct.

Notary Public

Complainant's Signature

Date