

Thank You for Your Interest in the Chicago Transit Authority ADA Advisory Committee

CTA wants to hear from people like you:

Established in 1993, the Americans with Disabilities (ADA) Advisory Committee advises the CTA on practices, services and policies related to meeting the transportation needs of customers with disabilities. Although the committee is advisory only, many of its recommendations have been adopted by the CTA. The committee meets quarterly (generally in January, April, July and October) at CTA Headquarters, 567 W. Lake Street, Chicago, IL 60661.

The CTA is committed to expanding travel options on its bus and rail system for customers with disabilities. CTA bus routes are 100% accessible to customers with disabilities. The CTA continues to rehabilitate and rebuild its rail stations to make them accessible. As of June 2014, 99 out of 145 stations on the rail system are accessible and all trains have accessible cars.

How members are selected: Due to the nature and purpose of the committee, it is important that its members be

able to represent a cross section of the disability community residing in the Chicago Transit Authority service area. Be advised that the information obtained from this application process will remain confidential and be used by the CTA solely to determine membership in the ADA Advisory Committee.

You may receive a follow-up call after the CTA has received your completed application. The final selection of committee members is made by Transit Board Chairman Terry Peterson.

Please complete the attached application and **return it to CTA NO LATER THAN 5 PM ON FRIDAY AUGUST 22, 2014.** Either mail or e-mail your completed application to:

Amy J. Serpe

Manager, ADA Compliance Programs

Chicago Transit Authority

567 W. Lake St. - 4th Floor, Diversity

Chicago, Illinois 60661

aserpe@transitchicago.com

312/681-2608

ADA Advisory Committee Demographic Form

PLEASE PRINT

Full Name: _____

Street Address: _____

Apartment/Unit #: _____

City: _____

State: _____

ZIP Code: _____

Primary Phone: _____

Email Address: _____

Chicago Transit Authority (CTA) will select candidates that represent a cross-section of customers from the disability community, as well as those that reflect a broad representation of people from the entire CTA service area.

The information obtained from this application process will remain confidential and be used by the CTA solely to create a diverse and balanced Advisory Committee.

**Answering questions in the below section is optional.
Requested information will assist in the CTA's ability to
create a diverse committee.**

**Each question or statement is followed by response
options. Please put an X before all responses that apply.**

Do you have a disability?

_____ Yes

_____ No

If yes, check all that apply.

_____ Vision Impairment

_____ Hearing Impairment

_____ Deaf/Blind

_____ Speech/Language Impairment

_____ Physical

_____ Intellectual

_____ Learning

_____ Developmental

_____ Emotional

_____ Other (Please explain): _____

Gender

_____ Male

_____ Female

Age

_____ 18-29

_____ 30-39

_____ 40-49

_____ 50-59

_____ 60+

Racial or ethnic group

_____ Native American/Alaskan

_____ Asian/Pacific Islander

_____ Black/African American

_____ Hispanic/Latino

_____ White/Caucasian

_____ Other (Please explain):

What transportation services do you use? List all routes you use regularly.

_____ CTA Fixed Route Bus

Routes: _____

_____ CTA "L" or Subway

Routes: _____

_____ Pace Fixed Route Bus

Routes: _____

_____ Pace ADA Paratransit

Routes: _____

_____ Metra Commuter Rail

Routes: _____

_____ Drive

**What system(s) listed above do you use most often?
(bus, rail, etc.)**

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Do you belong to any organizations, agencies, or groups concerned with people with disabilities?

_____ Yes

_____ No

If yes, please list:

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Are you a representative of these organization(s)?

_____ Yes

_____ No

If yes, provide at least one reference per organization:

Name: _____

Organization: _____

Position: _____

Phone: _____

Email Address: _____

**Were you or are you currently a member of the RTA,
Pace, or Metra ADA Advisory Committees?**

_____ Yes

_____ No

If yes, list committees and dates involved:

Committee: _____

Years involved: _____

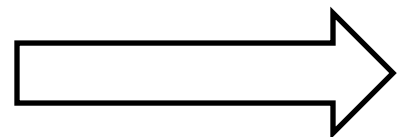
Committee: _____

Years involved: _____

Committee: _____

Years involved: _____

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Why do you wish to serve as a member of the CTA ADA Advisory Committee?

What professional or personal constraints of your time may interfere with your service on the Committee?

Thank you for your interest in the CTA's ADA Advisory Committee.