This is a Word document. If you need space to answer any of the SA type questions, simply write your response after the question. There are no boxes to fill out on this form. All questions are lined up on the left-hand side.

**Chicago Transit Authority – CTA**

**ADA Advisory Committee Application – 2018**

**PLEASE CALL 312-681-2608 IF YOU NEED ASSISTANCE TO COMPLETE THIS APPLICATION**.

**Applications due by 5 p.m., November 26, 2018.**

ADA Advisory Committee Demographic Form

First Name:

Middle Initial:

Last Name:

Street Address, Including Apt. Number:

City and State:

Zip Code:

Phone Number with Area Code:

E-Mail:

The 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.

Do you have a disability? (Answer yes or no):

If yes, please indicate type of disability by putting an X after the disability listed below (Categories continue on next page):

Vision Impairment:

Hearing Impairment:

DeafBlind:

Speech/Language Impairment:

Physical Disability:

Intellectual Disability:

Learning Disability:

Developmental Disability:

Emotional Disability:

Other – Please Explain:

Gender:

Male:

Female:

Age – Put an X after your age range listed below:

18 – 29:

30 – 39:

40 – 49:

50 – 59:

60 – 69:

70 +:

Racial or Ethnic Group – Put an X after the group name listed below:

Native American/Alaskan:

Asian/Pacific Islander:

Black/African American:

Hispanic/Latino:

White/Caucasian:

Other:

What transportation services do you use? List all routes you use regularly – Put an X after the type of transportation in the below list and include routes used:

CTA Fixed Route Bus – Include Routes:

CTA “L” or Subway – Include Routes:

Pace Fixed Route Bus – Include Routes:

Pace ADA Paratransit – Include Routes:

Metra Commuter Rail – Include Routes:

Drive:

What systems listed above do you use most often? (Bus, rail, etc.):

Do you belong to any organizations, agencies, or groups concerned with people with disabilities? (Answer yes or no):

If yes, please list:

Will you officially represent an organization if you are a member of the ADA Committee? (Answer yes or no):

If yes, name of organization:

If yes, provide at least one reference per organization you will represent. Include the information below in relation to that person.

Name of reference:

Their Title:

Their Phone:

Their E-Mail:

Were you or are you currently a member of the RTA, Pace, Metra or CTA ADA Advisory Committees? (Answer yes or no):

If yes, list Committees and dates involved:

Why do you wish to serve as a member of the CTA ADA Advisory Committee? (Type your answer below and use as much space as needed).

What professional or personal constraints of your time may interfere with your service on the Committee? (Meetings are currently held from 1:30 – 4 p.m. the 2nd Monday in January, April, July & October at CTA Headquarters, 567 W. Lake Street, Chicago, IL 60661). (Type your answer below and use as much space is needed).

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

END