

HANDI-TRANSIT BUS APPLICATION FORM

This application is limited to, and will be given consideration to those eligible persons residing within the boundaries of the Town of Blind River.

SECTION 1

NAME: _____

ADDRESS: _____

POSTAL CODE: _____

DATE OF BIRTH: _____ TEL: (home) _____ (cell) _____

PREFERRED LANGUAGE: ENGLISH FRENCH OTHER (specify)

SECTION 2

TYPE OF DISABILITY/ELIGIBILITY: Please see reverse side of application.

SECTION 3

PERMANENT TEMPORARY ATTENDANT REQUIRED: YES NO

PROBABLE # OF TRIPS PER WEEK: _____ TIME OF DAY: A.M. P.M.

DO YOU USE: WHEELCHAIR CRUTCHES CANE
 WALKER OTHER _____

EMERGENCY CONTACT PERSON: _____

RELATIONSHIP: _____ TEL: (H) _____ (C) _____

APPLICANT SIGNATURE: _____ Date: _____

SECTION 4

Referred by: _____ Date: _____

TEL: _____

SECTION 5

Method of Payment Cash Billed

ELIGIBILITY CRITERIA

The eligibility criteria is based on functional mobility, disabilities, and medical conditions that limit an individual's ability to use other forms of public transportation available in the community.

PLEASE CHECK ALL THAT APPLY:

<input type="checkbox"/> Unable to walk a distance of 175 m	
<input type="checkbox"/> Physical Disability (expand)	
<input type="checkbox"/> Visual Disability (expand)	
<input type="checkbox"/> Developmental Disability	
<input type="checkbox"/> Cognitive Disability (Dementia, Alzheimer's)	
<input type="checkbox"/> Medical Condition (expand)	
<input type="checkbox"/> Senior (65+)	
<input type="checkbox"/> Convalescence (recovering from an illness or medical treatment)	
<input type="checkbox"/> Other (expand)	

PLEASE NOTE: A referral from a physician may be required to support eligibility.

Eligibility will be assessed and approved by the Community Support Services Administrative Assistant.

FOR OFFICE USE ONLY

COMMENTS:

SIGNATURE OF APPROVAL: _____

DATE BUS PASS ISSUED: _____

Pursuant to freedom of Information and Protection of Privacy Legislation, personal information contained in this form is being collected to determine eligibility to use the Handi-Transit under the authority of the Public Transportation and Highway Improvement Act. Personal information will remain confidential.