



# 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.

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_ PREFERRED LANGUAGE: \_\_\_\_\_

**TYPE OF DISABILITY:** Please see page 2 of this application.

Permanent\_\_\_ Temporary\_\_\_

Attendant Required: Yes\_\_\_ No\_\_\_

Trips per week: \_\_\_\_\_ AM\_\_\_ PM\_\_\_

DO YOU USE: Wheelchair\_\_\_ Crutches\_\_\_ Cane\_\_\_ Walker\_\_\_ Other\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone number of contact: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### 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:

Senior (65+)

Unable to walk a distance of 175m

Medical Condition (expand)

Convalescence (recovering from an illness or medical treatment)

Cognitive Disability (Dementia, Alzheimer's)

Developmental Disability

Visual Disability (expand)

Physical Disability (expand)

Other (expand)

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 High- way Improvement Act. Personal information will remain confidential.

### ELEGIBILITY APPROVAL

TEMPORARY (14 day maximum) \_\_\_\_\_ FOLLOW UP DATE \_\_\_\_\_

PERMANENT \_\_\_\_\_ SIGNATURE \_\_\_\_\_

