# HANDI-TRANSIT BUS
# APPLICATION FORM

This **FREE** 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: _____

PREFERRED METHOD OF SCHEDULING A PICKUP: **Phone / Email / Text**
(information gathering)

**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 (approx. 574 feet) | |
| 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 _____

Blind River