



PARA TRANSIT APPLICATION FORM

Please complete and return to:

City of Brockville
1 King Street West
P.O. Box 5000
Brockville, Ontario
K6V 7A5
Matthew Locke, Supervisor of Transportation
Fax # 613-342-5035
mlocke@brockville.com

A. Eligibility Guideline

Para Transit services are intended for persons with disabilities that prevent them from using the Conventional Transit System.

B. Personal Information (section B to be filled out by the applicant)

Applicant's Name: _____

Address: _____

Apt. #/Suite/Unit: _____ City: _____

Postal Code: _____

Telephone # Home: _____ Business: _____

Name of emergency contact: _____

Telephone # of emergency contact: _____

Applicant's Signature: _____ Date: _____

C. Medical Information (section C to be filed out by the attending physician, physiotherapist, chiropractor or occupational therapist)

The City requests that the person completing this form considers the applicant's mobility and cognitive skills when responding to each question. The number of passengers utilizing Para Transit has increased substantially and in order to maintain the quality of service that our community currently receives, it is imperative that only those in need of this service be authorized to use it.

C 1. Is the applicant physically able to climb and/or descend stairs?

Yes No

C 2. Is the applicant physically able to walk a distance of 175 metres?

Yes No

C 3. Does the applicant have the cognitive ability to use Conventional Transit alone?

Yes No

C 4. Does the applicant have the cognitive ability to use Para Transit alone?

Yes No

C 5. Does the applicant require a support person to accompany him/her on the Para Transit vehicle? A support person is an individual required to assist the applicant for mobility or cognitive reasons as the applicant cannot ride on the vehicle alone or function without assistance. Social companions are eligible to travel with approved passengers if space is available and will not result in the denial of service to other persons with disabilities. Social companions are required to pay the appropriate fare.

Yes No

C 6. Describe the applicant's disability, its severity and its impact on the applicant's mobility:

C 7. Does the applicant use mobility aids? Yes No

If yes please identify: Wheelchair Scooter Walker

Cane(s) Crutches Leg Braces Service Dog Other

C 8. For what time period will the applicant require Para Transit services?

Permanent

Temporary If temporary, please indicate the length of time:

Start Date: _____ End Date: _____

Conditional This is when environmental or physical barriers limit the applicant's ability to consistently use the Conventional Transit system.

I hereby certify that the applicant meets the Para Transit eligibility criteria by answering "no" to question # 1 or # 2 or # 3.

(Please print clearly and complete every section)

Name: _____

Address: _____

Telephone Number: _____

Signature: _____

Circle professional registration: MD CPSO BDPT BDC COTO

* Personal information contained in this form is collected pursuant to the "Municipal Transit Manual for Specialized Services" issued by the Ministry of Transportation. It will only be used for the purpose of processing this application and will be stored accordingly. All personal information is protected under the Municipal Freedom of Information and Protection Act 1989.