



## Para Transit Application Form

Complete Form and return via Email, Fax, or In Person

- Email: [transit@brockville.com](mailto:transit@brockville.com)
- Fax: 613-342-5035
- In Person: Brockville City Hall (1 King Street West), or Gord Watts Municipal Centre (251 North Augusta Road)

### Eligibility Criteria

Only Applicants that are physically or cognitively unable to use Conventional Transit are eligible for use of Para Transit.

All Brockville Conventional and Para Transit busses are accessible and outfitted with mobility lifts.

### Part A – Applicant Information

Applicant Name:

Address:

Postal Code:

Telephone:

Email:

Emergency Contact Name:

Emergency Contact Telephone:

Applicant Signature:

Date Submitted:

## Part B – Healthcare Professional Certification

Section to be completed by Applicant's attending physician or other medical professional with knowledge of their condition.

1. Is the Applicant physically able to climb and or descend stairs?  
Yes                      No
2. Is the Applicant physically able to walk a distance of 175 metres?  
Yes                      No
3. Does the Applicant have the cognitive ability to use Conventional Transit alone?  
Yes                      No
4. Does the Applicant have the cognitive ability to use Para Transit alone?  
Yes                      No
5. Does the Applicant require a Support Person to accompany them 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 without assistance. Social Companions are also eligible to travel with approved riders not requiring a Support Person if space is available. Social Companions are required to pay a fare.  
Yes                      No
6. Describe the Applicant's condition as it pertains to mobility or cognitive function in using Transit Services.
  
  
  
  
  
  
  
  
  
  
7. Does the Applicant use Mobility Aids?      Yes                      No  
If yes, please identify:
  
  
  
8. For what time period will the Applicant require Para Transit Services?  
Permanent                      Conditional  
Temporary      Start Date:                      End Date:

## Part B – Healthcare Professional Certification

Section to be completed by Applicant's attending physician or other medical professional with knowledge of their condition.

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

Please print clearly and complete every section.

Name:

Professional Designation:

Address:

Telephone Number:

Signature: