PARA TRANSIT
ELIGIBILITY FORM

Please complete and return to:

City of Brockville
1 King Street West
P.O. Box 5000
Brockville, Ontario
K6V 7A5
V.B. Harvey, Transit Supervisor
342-8772, ext. 8231

A. Eligibility Guideline

Para transit services are intended for persons with a disability that prevents them from using the Conventional Transit System.

B. Personal Information *(to be filled in by the applicant)**

Name: _____

Address: _____

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

Postal Code: _____

Telephone Number Home: _____ Business: _____

Applicant's Signature: _____ Date: _____

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

Please turn over →

C. Disability Information *(to be completed by the attending physician, physiotherapist, chiropractor or occupational therapist)*

The City requests that the person completing this form carefully considers the response to each question. The number of passengers utilizing the service has increased substantially and 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.

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 the regular transit system?
   Yes ❑ No ❑

4. Describe in detail the disability, its severity and its impact on the applicant's mobility:
   _____
   _____
   _____

   ❑

5. Does the applicant require a medical escort to accompany him/her.
   An escort is for medical reasons and must provide assistance to the passenger.
   A medical escort **is not** *a social companion.*
   Yes ❑ No ❑

6. Does the applicant use mobility aids? Yes ❑ No ❑

   If yes please identify: Wheelchair ❑ Scooter ❑ Walker ❑ Cane(s) ❑
   Crutches ❑ Leg Braces ❑ Service Dog ❑ Other _____

7. For what time period will the applicant require para transit services?

   Permanent ❑ Temporary ❑ If temporary, please indicate length time_____

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

Name _____ *(Please print clearly)*

Signature _____

Telephone Number _____

Circle professional registration: MD CPSO BDPT BDC OSOT