

Accessible Transit Application Form



Personal Information

First Name Last Name

Date of Birth
(YYYY/MM/DD)

Address Apt/Unit#

City Postal Code

Other (i.e. Back of building, basement, left side, garage, etc.):

Name of Care Home or Long Term Care Facility (If Applicable):

Phone Cell Phone

E-Mail

Does your Disability Require you to Travel with an attendant to assist you?

☐ All of the Time ☐ Sometimes ☐ Never

Would you like to:

☐ Get a New Card ☐ Renew my Card ☐ Replace a Lost Card

Emergency Contact

First Name Last Name

Relationship to Applicant (Family, Friend, Neighbour, etc. It is recommended that this contact live in Meaford)

Address Apt/Unit#

Phone Cell Phone

Supporting Documentation or Medical Sign-Off

Please complete either Section A **OR** Section B Below

Section A: Have you attached or shown one of the following with your application?

- ☐ Proof of CPP Disability Pension
- ☐ Proof of ODSP
- ☐ Proof of Personal Accessible Parking Permit
- ☐ Proof of Access 2 Card (an Easter Seals Canada Program)
- ☐ Proof that the applicant cannot obtain a driver's license for medical reasons
- ☐ Statement from a Developmental Services Agency regarding use of services
- ☐ Statement from Health Care Professional or Client Care Coordinator regarding use of services

- OR -

Section B: Statement from a Developmental Services Agency/ Healthcare Professional/Client Care Coordinator regarding use of service:

I certify that the applicant, who is a client/patient of mine, is a person with a disability who experiences barriers that qualify them for the Municipality of Meaford's door-to-door specialized transit service:

Name			
Profession			
Phone		E-Mail	
Signature		Date	

Sign Off (Office Use Only)

Travel Information

The following information will help us in our scheduling efforts and will not be used in the evaluation process. Please do not hesitate to contact us if the following information changes.

What type of mobility aids do you expect to use if you are approved for specialized transit? Check all that apply.

- ☐ Manual Wheel Chair
- ☐ Power Wheel Chair
- ☐ Power Scooter

Manual or Power Wheel Chair Type:

- ☐ Folding
☐ Elevating Leg Rest
☐ Not Folding
☐ Tilt/Recline

Power Scooter Type:

- ☐ 3 Wheels
☐ 4 Wheels

If you use a scooter, do you need help to transfer from your scooter to the vehicle seat? By checking one of the following boxes, you are also confirming that you understand that you must wear a vehicle lap belt.

- ☐ Yes ☐ No ☐ Sometimes

Will you use any of the following while riding with Meaford Moves+?

- ☐ Walker ☐ Walking Cane ☐ White Cane
☐ Crutches ☐ Portable Oxygen/Ventilator ☐ Service Animal

Please tell us if there is any information that the driver needs to be aware of to provide safe transportation for you:

- ☐ Limited English ☐ Communication Impairment ☐ Visual Impairment
☐ Hearing Impairment or Deaf ☐ Diabetes ☐ Seizure Disorder
☐ Other

I understand the terms and conditions of this application, and I confirm that the information in this application is accurate and true.

Signature

Date

Personal information, as defined by the Municipal Freedom of Information and Privacy Act (MFIPPA) is collected under the authority of the Municipal Act, 2001, and in accordance with the provision of MFIPPA. Personal Information on this form will be used for the purpose of determining eligibility for the mobility door-to-door service as well as ensure the adequate resources are provided at the time of service.

Submit completed forms to:
ATTN: Accessibility Coordinator
Municipality of Meaford
21 Trowbridge Street
Meaford Ontario N4L 1A1

or via E-Mail to
info@meaford.ca.