



NORTH BAY PARA-BUS

PHONE: 705-476-5530 FAX: 705-476-5308

190 Wyld Street North Bay, ON P1B 1Z2

APPLICATION FOR TRANSPORTATION

CLIENT NO. _____

ELIGIBILITY GUIDELINES

Para-Bus specialized transportation services are intended for persons who are physically unable to:

- a) Climb or descend step used in conventional transit.
- b) Walk a distance of 175 meters, approximately 600 feet.

APPLICANT INFORMATION

Please Print

SURNAME

FIRST NAME

ADDRESS

POSTAL CODE

TELEPHONE

DATE OF BIRTH

D / M / Y

NEXT OF KIN/GUARDIAN/EMERGENCY CONTACT

(H) (W) TELEPHONE

1. Do you require the use of:

Wheelchair (manual) _____ (electric) _____ (over-sized) _____
 Walker (manual) _____ (wheeled) _____ (scooter) _____

Other (please specify): _____

- | | | |
|--|-----|----|
| 2. Does your home have a ramp? | Yes | No |
| 3. Does your wheelchair/scooter have a lap belt? | Yes | No |
| 4. Are you able to ride in a regular car? | Yes | No |
| 5. Are you able to transfer from your scooter to a seat? | Yes | No |

TO BE COMPLETED BY ATTENDING PHYSICIAN

Please complete the following information to assist us in determining the eligibility of the applicant.

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

Yes No

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

Yes No

3. Describe the applicants disability: _____

4. Are there other conditions or factors that would prevent the applicant's safe use of conventional transit?. _____

5. Does the applicant have special health care needs of which the transportation service provider should be aware? _____

6. Does the applicant require permanent or temporary registration? If temporary please estimate the period required.

Permanent Yes No
Temporary Yes No

How long? _____

DOCTOR'S NAME (please print)

TELEPHONE

DOCTOR'S SIGNATURE

DATE

CONSENT

I, _____ consent to the Transit Operator contacting my Health Care Professional for additional information or if clarification is required regarding the information recorded above.

APPLICANT'S SIGNATURE

DATE

APPROVAL

DATE APPROVED / NOT APPROVED

TEMPORARY EXPIRY DATE

SIGNATURE