



SPECIALIZED TRANSIT REGISTRATION FORM

Failure to complete this form may delay the registration process. Registration must be completed prior to booking. Submit completed forms to the Community Services Administrative Assistant at 1800 Main Street, P.O. Box 70, Geraldton, ON P0T 1M0 or via email to liette.cardinal@greenstone.ca

Personal Information

Last Name:

First Name:

Street Address:

Box Number:

Town:

Postal Code:

Email Address:

Phone Number:

Pick Up Details: (i.e. Back of building, basement, left side, etc.)

Emergency Contact Information

Name:

Home Phone:

Relationship to Applicant:
(Family, Friend, Neighbour, etc.)

Eligibility Criteria

Please check all that apply to confirm your eligibility:

- ☐ A resident of the Municipality of Greenstone
- ☐ A senior 55 years of age or older
- ☐ A person with a disability identified in the Ontario Human Rights Code

P O Box 70 1800 Main Street, Geraldton, ON P0T 1M0, Canada 807-854-1100

NATURE'S HOME TOWN





Supporting Documentation (Required only if under 55 years of age)

Check all that apply and attach at least one of the following with your registration:

- ☐ Proof of CPP Disability Pension
- ☐ Proof of Ontario Disability Support Program (ODSP)
- ☐ Proof of Personal Accessibility Parking Permit
- ☐ Proof of Access 2 Card (an Easter Seals Canada Program)
- ☐ Proof that registrant 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

Entitlement to Rate Reduction

Do you meet the criteria to receive a rate reduction? (GIS or ODSP)

- ☐ Yes ☐ No

If you qualify, please attach one of the following with your registration:

- ☐ Proof of Guaranteed Specialized Income Supplement (GIS)
- ☐ Proof of Ontario Disability Support Program (ODSP)

Transportation Assistance Information

The following information will assist us in our scheduling efforts and with fulfilling your needs. Please advise us if any of the following information changes.

Does your disability require a companion to join and assist you with travel?

- ☐ Yes ☐ No





What type of mobility aids do you use? Check all that apply.

- ☐ Manual Wheelchair - ☐ Folding ☐ Non-folding ☐ Tilt/Recline
☐ Power Wheelchair - ☐ Folding ☐ Non-folding ☐ Tilt/Recline
☐ Power Scooter - ☐ 3 wheels ☐ 4 wheels

If you use a scooter, do you require assistance to transfer from your scooter to the vehicle seat?

- ☐ Yes ☐ No

Will you use any of the following during transportation?

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

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

- ☐ Limited English ☐ Communication Impairment ☐ Visual Impairment
☐ Diabetes ☐ Hearing Impairment or deaf ☐ Seizure Disorder
☐ Other: _____

By signing, I understand the terms and conditions of this registration, and I confirm that the information in this registration 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 purposes of determining eligibility for the specialized door-to-door transit service as well as ensuring adequate resources are provided at time of service.

