



WHEELS APPLICATION

Please complete this eligibility form and return to:

COBOURG TRANSIT
55 King St. W
Cobourg, ON K9A 2M2
Phone: (905) 372-4555

A. ELIGIBILITY GUIDELINE

Special transit services are intended for persons who are physically unable to:

Climb or descend steps used in conventional transit facilities

OR

Walk a distance of 175 meters (Approximately 600 feet).

B. PERSONAL INFORMATION (To be filled in by the applicant. *)

Name _____

Street Name and Number _____

Apt/Suite/Unit _____ Postal Code _____

Telephone: Home _____ Business _____

Other Information

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 the application.

All personal information is protected under the Municipal Freedom of Information and Protection Act, 1989.

C. DISABILITY INFORMATION (To be completed by a health care professional: Attending Physician, Physiotherapist, Chiropractor, or an Occupational Therapist. Careful completion of this form using the eligibility guideline specified in Section A will assist in processing the application.

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

4. Does the applicant have other disabilities which would prevent the use of regular transit services? Please explain.

5. Does the applicant use mobility aids? Yes _____ No _____ Wheelchair _____
Electric Wheelchair _____ Scooter _____ Walker _____ Cane _____
Crutches _____ Leg Braces _____ Other _____

6. Can the applicant be left safely unattended on the vehicle? _____

7. For what time period will the applicant require special transit service?

3 months _____ 6 months _____ 1 Year _____ 2 Years _____

I hereby certify that the applicant meets the eligibility guideline for special transit services.

Name _____

Signature _____ Telephone _____

Circle professional registration: CPSO BDPT BDC OSOT