



Revised: December 2016

WHEELS APPLICATION FORM

***Accessible Wheels Service* is intended for those persons who, due to a functional limitation, cannot board, ride or disembark from a fixed-route Cobourg Transit bus.**

If you have any questions or need assistance, please contact *Wheels* at:

COBOURG TRANSIT
55 King St. W
Cobourg, ON K9A 2M2
Phone: (905) 372-4555
Fax: (905) 372-0009

HOW TO APPLY FOR *WHEELS* SERVICE:

- The Applicant must fill out Part A of this application
- Take or send the application (Parts A and B) to your health care professional to have Part B completed. Both Part A and Part B must be completed in order for your application to be considered.
- Return the completed application (Parts A and B) to *Cobourg Transit*.
- *Wheels* will notify you of your eligibility. If we require additional information, you may be requested to come in for an interview to provide us with more information about your disability and how it affects your use of Cobourg Transit's accessible fixed-route transit services.
- If you have not been notified within 14 days of submitting your application, please call us.
- All information on this application form will be kept confidential

Failure to completely fill out the application will delay the application process.

Telephone Number(s): _____

CHECK ONE BOX ONLY:

6. I can always get to and from a bus stop
 I can never get to and from a bus stop
 I can get to and from a bus stop only if (circle all that apply):
- a) I have an attendant with me
 - b) I need to travel less than _____ meters to or from the bus stop
 - c) I am familiar with the area
 - d) I receive travel training for the stops I use
 - e) There are curb cuts along the route to the stop
 - f) There is a sidewalk
 - g) The ground is level or only slightly inclined
 - h) The path is free of ice, snow or debris
 - i) Other: _____

CHECK ONE BOX ONLY:

7. I can generally wait outside at a bus stop.
 I cannot wait outside at a bus stop
 I can wait outside at a bus stop only if (circle all that apply):
- a) There is a bench
 - b) There is a shelter
 - c) The wait is no longer than _____ minutes
 - d) Other: _____

8. Will you use any of the following when you ride *Wheels?* (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Cane |
| <input type="checkbox"/> Powered Wheelchair | <input type="checkbox"/> White Cane |
| <input type="checkbox"/> Oxygen Bottle | <input type="checkbox"/> Prosthesis |
| <input type="checkbox"/> Powered Scooter | <input type="checkbox"/> Communication Board |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Crutches |
| <input type="checkbox"/> Hearing Aid | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Guide Dog | |

Regarding the use of accessible Cobourg Transit fixed route buses. Check one box only:

9. I can independently recognize my destination and leave the vehicle.

* 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.

I cannot independently recognize my destination and leave the vehicle.

I can recognize my destination and leave the vehicle only if (circle all that apply):

- a) I receive travel training
- b) The driver announces my stop
- c) Other: _____

10. I can ride a Cobourg Transit fixed route bus only if (check all that apply):

- I have an attendant with me
- I am familiar with the route
- I have received travel training
- Every bus on my route is accessible
- A seat is available
- Other: _____

11. Do you require an attendant when you travel?

- Yes
- No

****If you use a wheelchair or scooter, please answer question 12.****

12. Can you transfer to a car without assistance?

- Yes
- No
- Sometimes

13. How does your disability affect your ability to use Cobourg Transit? (Please provide any information that you feel would help).

I hereby certify that to the best of my knowledge, the information given above is correct and I authorize the health care professional named in Part B to provide information to *Wheels*. If *Wheels* receives new information regarding a change in my functional ability, my eligibility status may be reviewed and changed.

Signature of Applicant: _____ Date: _____
YY/MM/DD

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If you are not the applicant, but have completed this application on the applicant's behalf, you must provide the following information:

Name: _____

Address: _____

Daytime Phone Number: ()- _____

Relationship to applicant: _____

I certify that to the best of my knowledge the information given above is correct.

Signature: _____ Date: _____

YY/MM/DD

When you have completed Part A, take or mail Parts A and B to your health care professional.

When Part B has also been completed, mail Parts A and B to:

Wheels Registration
Cobourg Transit
55 King St. W
Cobourg, ON K9A 2M2
Or Fax: 905-372-0009

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PART B: FOR THE HEALTH CARE PROFESSIONAL TO COMPLETE

Cobourg Transit's *Wheels* service is intended for those persons who, due to a functional limitation, cannot board, ride or disembark from a Cobourg Transit fixed-route transit bus.

CERTIFICATION PROCESS:

1. The applicant (or representative) has completed Part A. Please read Part A in its entirety.
2. In completing Part B, please follow the listed criteria.
3. You may be contacted if any questions remain.
4. The application must be filled out **completely** or it will not be processed.

Please identify eligibility category as listed above (page 2):

1. Unconditional []

2. Temporary []

3. Conditional []

1. I have read Part A in its entirety.

[] Yes [] No

2. I agree with the information in Part A.

[] Yes [] No

If no, please explain: _____

3. Condition causing disability of applicant:

4. Severity of disability:

[] Mild [] Moderate [] Severe [] Profound

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5. Expected duration of disability:

Temporary: Expected duration until ____/____/____
 YY MM DD

Permanent: Conditions with no expectation of improvement

6. Are there any other effect(s) of the disability that *Wheels* should be aware of?
 (Please type or print)

I hereby certify that the above information is true:

Signature: _____ Date: _____
 YY/MM/DD

Print Name/Stamp: _____

Street Address: _____

City or Town: _____ Province: _____ Postal Code: _____

Telephone Number: ()-_____

License/Certification Number: _____

Profession (please check one):

- Licensed physician
- Licensed Physical Therapist
- Certified Rehabilitation Specialist
- Registered Occupational Therapist
- Nurse
- Licensed Optometrist
- Certified Psychologist

THANK YOU FOR YOUR ASSISTANCE.

Please return this application to the person seeking *Wheels* certification, or with the person's permission, forward it directly to *Cobourg Transit*.

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