



NAME: _____ PHONE NUMBER: _____

ADDRESS: _____

POSTAL CODE: _____ DATE OF BIRTH: _____

- 1. Do you require Paratransit service on a:
 - i) permanent basis? YES NO
 - ii) temporary basis? YES NO
 If temporary, approximately for how long?
- 2. Do you use a wheelchair? Power _____ Manual _____ YES NO
 Can you transfer without assistance from your wheelchair to a car seat in order to travel? YES NO
- 3. Do you use other mobility aids such as a walker, crutches, quad cane or cane? YES NO
- 4. Do you regularly use assistive devices such as leg braces, artificial limbs, etc., which limit your mobility? YES NO
- 5. Do you have invisible disabilities which severely restrict your mobility such as emphysema, heart condition, etc? Please specify condition: YES NO
- 6. Can you climb three or more steps? YES NO
- 7. Can you walk 550 feet or more without too much difficulty or discomfort? YES NO
- 8. Do you have any other condition, not previously mentioned, that limits your mobility to the extent you could not use conventional transit? Please explain _____ YES NO
- 9. Is this individual capable of travelling independently on our vehicle (our drivers are bus drivers, not attendants)? Children under the age of 14 must be accompanied by an adult. YES NO

Occasionally _____ Please specify:

A \$12.50 ADMINISTRATION FEE MUST ACCOMPANY YOUR APPLICATION AND CHEQUES SHOULD BE MADE PAYABLE TO: THE CITY OF ST. THOMAS. IF YOUR APPLICATION IS DENIED ALL MONIES WILL BE RETURNED. SHOULD YOU HAVE QUESTIONS, CALL 631-1680, EXT. 161.

_____ Date _____

Signature of Client
(if under 18, must be signed by a parent or legal guardian)

_____ Telephone Number _____

Doctor's Signature
Address:

Doctor's Remarks:

PLEASE NOTE: SCOOTERS, MOBIES, ETC., ARE NOT PERMITTED ABOARD PARATRANSIT VEHICLES FOR SAFETY REASONS. DRIVERS ARE NOT PERMITTED TO LIFT PERSONS IN WHEELCHAIRS.

**PLEASE MAIL OR DELIVER YOUR COMPLETED APPLICATION TO:
PARATRANSIT,
THE CITY OF ST. THOMAS,
ENVIRONMENTAL SERVICES DEPARTMENT,
545 TALBOT STREET, P.O. BOX 520, ST. THOMAS, ONTARIO N5P 3V7.**

For office use only

App.	Paid:	Special: (t) (e) (a)	Pass No.	Expires:
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