

CAV ZONE: \_\_\_\_\_ DIS. CODE \_\_\_\_\_ EXPIRY DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ OR PERMANENT [ ]  
Month Day Year Month Day Year



**CARE-A-VAN REGISTRATION FORM**  
 1169 MICHENER ROAD,  
 SARNIA, ON N7S 4W3  
 Care-a-Van 519 336-3789 Fax: 519-336-3361  
 Sarnia Transit: 519-336-3271 TTY: 519 336-5145

**SECTION A - TO BE COMPLETED BY THE APPLICANT, FAMILY OR LEGAL GUARDIAN**

APPLICANT'S LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ INITIAL \_\_\_\_\_

ADDRESS: \_\_\_\_\_ / FLOOR \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

PHONE NO.: \_\_\_\_\_ EXT. \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

TYPE OF DISABILITY AND ANY SPECIAL NEEDS: \_\_\_\_\_

**SERVICES ARE REQUIRED:**

- a) Unconditional eligibility [ ] unable to use conditional transportation services.
- b) Temporary eligibility [ ] unable to use conventional transit for a short period of time. **If so, How Long** \_\_\_\_\_
- c) Conditional eligibility [ ] unable to use conventional transportation depending on circumstance such as weather.

**MOBILITY DEVICE:**

WHEELCHAIR: (CIRCLE TYPE) REGULAR OVERSIZED ELECTRIC BRODA SCOOTER  
 CANE WALKER OTHER (SPECIFY) \_\_\_\_\_

*If your condition is such that you require assistance to and from the vehicle and/or throughout the trip, it is your responsibility to ensure such assistance is provided. We reserve the right to deny service, temporarily or permanently, if a required attendant is not provided.*

ESTIMATED NUMBER OF TRIPS PER WEEK: \_\_\_\_\_

EMERGENCY CONTACT: NAME: \_\_\_\_\_

RELATIONSHIP TO APPLICANT: \_\_\_\_\_ PHONE NO. \_\_\_\_\_

**SECTION B: TO BE COMPLETED BY YOUR REGISTERED HEALTH PROFESSIONAL** please have your primary care provider fill out the following section verifying the nature of the **DISABILITY** that may prevent you from boarding a regular Sarnia Transit bus (conventional bus).

**DISABILITY VERIFICATION**

DOCTOR'S NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_

**DIAGNOSIS AND COMMENTS:** Please state clearly the disability which prohibits the above named applicant from boarding a regular bus.

\_\_\_\_\_  
 \_\_\_\_\_

Under the Guide to the Accessibility Standards for Customer Service, Ontario Regulation 429/07 a SUPPORT PERSON is defined as "in relation to a person with a disability, another person who accompanies him or her in order to help with communication, mobility, personal care or medical needs or with access to goods or services."

DOES THE APPLICANT REQUIRE THE ASSISTANCE OF A SUPPORT PERSON IN ORDER TO TRAVEL? YES [ ] NO [ ] OCCASIONALLY [ ]

HEALTH CARE PROFESSIONAL SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

