

# INGERSOLL PARATRANSIT SYSTEM APPLICATION FORM

Name of Applicant: <small>(Please print)</small>	
Address of Applicant:	Postal Code:
Age:	
Phone Number:	
Emergency Contact: Emergency Contact Phone Number: Address: Relationship to applicant: Send copy of confirmation to Emergency Contact?: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Family Physician:	
Do you use a wheelchair? Yes <input type="checkbox"/> No <input type="checkbox"/> <b><u>IF YES</u></b> Powered <input type="checkbox"/> Manual <input type="checkbox"/>	
Do you need an assistant to travel with you? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you use a Walker <input type="checkbox"/> or Cane <input type="checkbox"/> <b><u>If use a Walker:</u></b> is it foldable? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS APPLICATION FORM MUST BE COMPLETED AND RETURNED TO:**

Town of Ingersoll  
Clerk's Department  
130 Oxford Street  
Ingersoll, ON N5C 2V5  
519-485-6663

***\*\*Please Note: Processing of applications may take up to one week\*\****

**This Section to Be Filled Out By Your Physician**

The Ingersoll Paratransit is a transportation service offered to eligible persons in the community of Ingersoll, and only within the limits of the Town.

The Ministry of Transportation guidelines for the use of the Paratransit System are as follows:

1. Persons who are physically unable to climb or descend steps used on conventional public transit facilities and/or
2. Persons unable to walk a distance of 175 metres (575 feet)
3. Visually impaired persons subject to confirmation letter from C.N.I.B. attached to the application

Please state **SPECIFIC** problems as they relate to the above guidelines. (Please print legibly).

\_\_\_\_\_

\_\_\_\_\_

Regular Use Requested                      Yes                       No

Is your patient seat-belt exempt?      Yes                       No

Name of Physician: \_\_\_\_\_                      Physician Signature: \_\_\_\_\_

Office Address: \_\_\_\_\_

Phone # \_\_\_\_\_