



INGERSOLL PARATRANSIT SYSTEM

APPLICATION FORM

Name of Applicant: <small>(Please print)</small>	
Address:	Postal Code:
Age:	
Phone Number:	
Emergency Contact:	
Emergency Contact Phone Number:	
Family Physician:	
Do you use a wheelchair?	Power Manual
Can you transfer independently?	
Do you use a walker or cane?	

Signature: _____ **Date:** _____

THIS APPLICATION FORM MUST BE COMPLETED AND RETURNED TO:
 Town Of Ingersoll/Clerk's Dept.
 130 Oxford Street, Ingersoll, Ontario, N5C 2V5
 519-485-6663
NOTE: APPROVAL OF APPLICATION MAY TAKE UP TO ONE (1) WEEK

This Section To Be Filled Out By Your Physician Or Health Professional

The Ingersoll Paratransit is a transportation service offered to eligible persons in the community of Ingersoll.

- 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/Health Professional _____ **Physician/Health Professional**
Signature: _____

Name: _____
Address: _____
Phone # _____

Personal information contained in this form is 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 this application and statistics purposes. All personal information is protected under the Municipal Freedom of Information and Protection Act, 1989.