



Ingersoll Paratransit System Application Form

INFORMATION SHEET

Once form is completed, please return Part A & B to
Clerks Dept, Town of Ingersoll, 130 Oxford St. 2nd Floor, Ingersoll ON, N5C 2V5

To apply for registration for the Town of Ingersoll's Paratransit Program please complete this form in full. This service operates only within the boundaries of the Town of Ingersoll, and is a transportation service offered to residents of the Town who meet eligibility. The Ministry of Transportation guidelines for the use of the Paratransit System are as follows:

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

Completing the Form:

Part A - To be completed by or on behalf of the applicant and signed by the applicant or an appointed Power of Attorney.

Part B - To be completed by the applicants Physician / medical professional, and can be returned separately.

All information contained in this application will remain confidential and will only be used for processing the eligibility of the applicant.

If a support Aide is required :

AIDE: If you require a support aide to travel with you, it **MUST** be stated on the application form on page 1. Please be advised that a **support aide** is an individual required to assist the applicant for mobility or cognitive reasons, the Town does not provide persons to travel with you that is the applicants responsibility. This person does not need to pay fares, but our provider, Olde Tyme Taxi, will need to be informed when reserving your ride.

SOCIAL COMPANION: Is any person that is travelling with you as a friend or companion and NOT fulfilling the role of an Aide to offer assistance. **Social companions are required to pay the appropriate fare.**

Please complete ALL sections of the application to avoid delay and submit to:

Town of Ingersoll, Clerk's Department, 130 Oxford Street, 2nd Floor, Ingersoll, N5C 2V5

Email: clerks@ingersoll.ca

Tel:519-485-0120 Fax: 519-485-3543

We will notify you via mail of your eligibility. If we require additional information, we may call you or your physician to obtain more information about your condition. If you have not been notified within 10 days of submitting your application, please call us at 519-485-0120

Alternative formats of this application will be made available upon request.

Please contact the Clerk's Department by calling (519) 485-0120 or email: clerks@ingersoll.ca

Or visit 130 Oxford St. 2nd Floor, Ingersoll, ON

Personal information on this form is collected under the authority of the Municipal Act 2001, R.S.O. 2001, c. 25 (as amended) and in accordance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990. C. M.56 and will be used solely to determine eligibility for para-transit services as provided by the Town of Ingersoll.



Ingersoll Paratransit System Application Form

Part A: Applicant Information And Travel Requirements (Applicant to complete)		
Name of applicant (please print): _____		
Address of Applicant: _____		
Date of Birth: _____	Phone Number: _____	
Emergency Contact Information		
Emergency Contact Name: _____	Phone Number: _____	
Address: _____		
Relationship to Applicant: _____		
Send Copy of Confirmation to Emergency Contact? (check one)	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Accessibility Information		
Family Physician Name: _____		
Family Physician Phone Number: _____		
Do you use a wheelchair? (check one)	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Do you use a walker? (check one)	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
If yes, is the walker foldable (check one)	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Do you need an <u>Aide</u> to travel with you? (check one) (details on front page)	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
If yes, when is the assistant required? (check one)	On all rides <input type="checkbox"/>	For specific assistance <input type="checkbox"/>
Please identify the reasons for specific assistance: _____		
Signature of Applicant or POA		
<p>I certify the information provided on this application is accurate, and I also authorize the health care professional named on Part B of this form to provide information to the Town of Ingersoll Clerk's Department I. I understand that misinformation or misrepresentation of the facts will be cause for disqualification or rejection of my eligibility. I also understand that additional information relating to my disability or health condition may be required to determine eligibility. I hereby provide my consent to the Town of Ingersoll to contact my physician when additional information or clarification is required.</p>		
Signature of Applicant/POA: _____		Date: _____
If you have completed this form as a POA, on behalf of the applicant, please provide the following information:		
Name: (please print): _____		Phone: _____
Relationship to applicant: _____		
When you have completed Part A of this form, provide the Cover Page, Part A and Part B to your health care professional		



Ingersoll Paratransit System Application Form

Part B: Medical Information (To Be Completed By Your Health Care Professional)

Provide the following information:	Physician's Office Stamp (required)
Applicant Name:	
Physician Name:	
Street #:	Unit #:
Street Name:	
City:	
Postal Code:	
Office Phone #:	

Profession (check one):	Family Physician: <input type="checkbox"/>	Nurse Practitioner: <input type="checkbox"/>	Other Medical Professional: <input type="checkbox"/>
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If other, please specify area of specialty:

Paratransit Eligibility Guidelines

Ingersoll Paratransit is a transportation service offered to eligible persons in the community of Ingersoll and only within the limits of Town. MTO eligibility guidelines are as follows:

- Persons physically unable to climb or descend steps
- Persons unable to walk a distance of 175 meters (575 feet)
- Visual impairment (confirmation letter from CNIB required)
- Persons who are temporarily disabled due to illness/injury

Application Review

I have read part A in its entirety:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
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I agree with the Information in Part A:	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
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If no, please explain:

In your opinion, does the applicant require an Aide to accompany them?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
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Explain the symptoms of applicant's condition (please be specific):

Severity of Condition:	Mild: <input type="checkbox"/>	Moderate: <input type="checkbox"/>	Severe: <input type="checkbox"/>
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Expected Duration of Disability:	<input type="checkbox"/> Temporary	Expected Duration: _____ months _____ years
<input type="checkbox"/> Permanent (the nature of the disability will not change)		

Physician Signature

I hereby certify that the above information contained in Part B of this form to be true:

Physician Signature: _____ **Date:** _____