

Applicant Information (Please Print Clearly)

Applicant Name (Last)		(First)	Date of Birth (YY/MM/DD)
Street Address			
City	Province		Postal Code
Phone (Home)	Phone (Mobile)	Email Address	
Senior's Residence or Long-Term Care Facility (if applicable)			

Emergency Contact Information (Optional – Please Print Clearly)

Name (Primary Contact)	Relationship to Applicant	Phone
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Disclosure of Information

By signing below, you give permission to the Municipality of Chatham-Kent to contact the health care professional who completes **Part B** of your application form regarding your provided information in **Part A**.

Signature of Applicant or Designate: _____

Designate Name (if applicable): _____

Date (YY/MM/DD): _____

*****Please complete Part A questions on the next page and then have your health care professional complete Part B of this application.**

Applicant Self Declaration (Please Print Clearly)

1. I have read the Service Information provided in this Application Package or available at www.rideck.ca and believe my disability cannot be accommodated on conventional transit but can be accommodated on specialized public transit. Yes No

2. Please describe how the symptoms of your disability functionally prevents you from using conventional public transit equipped with accessibility features.

3. I am able to independently recognize my destination and seek assistance if I am at the wrong location. Yes No

4. I am able to independently access my home and other facilities in which I will be requesting transportation (i.e. unlock doors, navigate facility ramps/stairs/reception areas if applicable). Yes No

5. I am able to independently present fare for payment. Yes No

6. I am able to independently respond to my personal care or medical needs (i.e. administer medication) if it is likely to be required during transport. Yes No

If "No" to #3-6, your application approval will require you to bring a Mandatory Support Person with you on every trip.

7. I am able to remain on a vehicle for up to one hour and travel alongside other passengers. Yes No

8. I am able to be safely transported at regular vehicle speeds. Yes No

9. My combined weight with my personal mobility device (i.e. wheelchair) is less than 272 kg (600 lbs) and does not exceed 76 cm (30 inches) in width and 106 cm (42 inches) in length. Yes No

If "No" to #7-9 please contact a non-emergency medical transportation carrier for your transportation needs.

10. I may bring the following mobility device(s) with me on transit:

Manual Wheelchair Power Wheelchair Mobility Scooter Walker Other _____

***Please note users of mobility scooters will be required to transfer to a bus seat after boarding.**

To be completed by the Health Care Professional

1. I agree with the Applicant's information in <u>Part A</u> and understand this is not an attendant-care transportation service.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
2. Does the Applicant have any behavioural concerns that pose a safety risk to themselves or others on board the vehicle, or does the Applicant have a risk of exiting the vehicle and wandering? If "yes" the Applicant will be required to bring a Mandatory Support Person with them on every trip capable of managing these concerns.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
3. It is my professional opinion the Applicant's disability cannot be accommodated on conventional public transit but can be accommodated on specialized public transit.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
4. How long is their disability expected to prevent them from effectively using conventional transit?	<input type="checkbox"/> Long-term: No Expectation of improvement	<input type="checkbox"/> Temporary: Expected duration until _____ (YY/MM/DD)		
	<input type="checkbox"/> Conditional: Applicant's condition only prevents ability to use conventional transit during winter conditions (i.e. snow/ice)			

I hereby certify that the information provided in Part B is true for:

Applicant Name: _____

Health Care Professional Information:

Full Name	Profession
Contact Number	Licence/Certification Number
Signature	Date (YY/MM/DD)

Applicant is responsible for dropping off Part A and Part B at any Municipal Centre or by mail, email, or fax. Please allow 14 calendar days for application review.

Municipality of Chatham-Kent
 Attn: Engineering & Transportation
 315 King Street West
 Chatham, ON N7M 5K8, PO Box 640

Email:
ck311@chatham-kent.ca
 Subject Line: Specialized Transit
 Application

Fax:
 519-436-3240