

Client Application Form



Instructions: All applicants must complete parts A, B, C & D.

Part E must be completed by a health care practitioner familiar with your case.

Part F must be completed only if a mandatory attendant is required.

Part A: Personal Information

To be completed by the applicant

1 Name: _____
Surname First Name Middle Name

2 Birth Date: 3 Gender:
m m dd yyyy M F

4 Address: _____ Postal Code

5 Phone: Home _____ Work _____ Cell _____

6 Email Address _____

Emergency Contact: List two people we can contact in case of an emergency.

Name _____	Name _____
Phone _____	Phone _____
Relationship to applicant _____	Relationship to applicant _____

Part B: Travelling Information

To be completed by the applicant

Pick up Address _____
 (if different than above)

Front Door Alternate Door

7 Which primary mobility aid(s) do you use when traveling in the community?
 (Please check all that apply)

<input type="checkbox"/> None	<input type="checkbox"/> Long White Cane	<input type="checkbox"/> Powered Wheelchair**
<input type="checkbox"/> Walking Cane	<input type="checkbox"/> Crutches	<input type="checkbox"/> Collapsible Walker**
<input type="checkbox"/> Leg Braces	<input type="checkbox"/> Interpreter/Intervener	<input type="checkbox"/> Manual Wheelchair**
<input type="checkbox"/> Service Animal	<input type="checkbox"/> Hearing Aid	<input type="checkbox"/> Walker**
<input type="checkbox"/> Personal Attendant	<input type="checkbox"/> Oxygen Tank	<input type="checkbox"/> Scooter**
<input type="checkbox"/> Communication Devices	<input type="checkbox"/> Prosthesis	<input type="checkbox"/> Other _____

** Please provide outside dimensions: _____

Part C: Additional Information

To be completed by the applicant

Please provide any additional information that may be relevant to this application:

Would you like to receive our monthly newsletter? _____ YES _____ NO

Part D: Signature & Date

To be completed by the applicant

I herby declare that the information provided above is true and correctly represents my condition.

 Applicant's Signature

 Date

Additional Information

All locations served by the Accessible Transportation Service must be accessible. Please confirm your destination is accessible BEFORE booking a trip. All locations must be kept free of snow and ice or we will not be able to provide service. All mobility aids and wheelchair ramps must meet safety regulations or service will not be able to be provided.

ATS Drivers will provide assistance to and from the **first set of accessible doors** and with the securing of mobility aids and seatbelts.

ATS Drivers are not responsible to assist with parcels, groceries etc.

Registrants displaying unacceptable behaviour that affects other passengers (and/or ATS staff) will be required to ride with an attendant at all times.

If a mandatory attendant is required, the registrant will not be able to book any trips for travel without a mandatory attendant. **Part F of this Application must be filled out by the attendant.**

***Definition of Mandatory Attendant:** A mentally competent person of legal age (18+ years) who is responsible for the actions and assistance of a registered client that requires assistance due to a medical condition and/or behavioural concern while utilizing the services of the ATS.

Please drop off or mail completed application forms to:

Town of Stony Plain Attn: ATS Coordinator
4905 51 Avenue, Stony Plain T7Z 1Y1

The personal information on this form is collected under the authority of section 33 of the Freedom of Information and Protection of Privacy Act and shall be used only for the purpose for which it was collected. If you have any questions about the collection, contact the FOIP Coordinator at (780) 963-2151.

Needs Assessment for Disabled Applicants



Part E: Needs Assessment for Disabled Applicants (To be completed by a Health Care Practitioner)

The Accessible Transportation Service is a door to door, shared ride public transportation service for all seniors and for youth, adults and families who are unable to use regular transportation because of a physical or mental disability.

Please note: Due to safety regulations, we cannot accommodate children requiring a carseat.

Eligibility requirements include persons with disabilities and/or persons 65 and older.

****This form must be completed in full and signed by a qualified health care practitioner familiar with the Applicant's disability (i.e. medical doctor, registered nurse, registered psychiatric nurse, occupational therapist, physical therapist or rehabilitation practitioner).**

For more information please call (780) 963-5444

1 What is the nature of the applicant's functional impairment or disability and how does it specifically restrict their ability to use a regular vehicle?

2 The disability is: Permanent Temporary

If temporary, please specify length of time that service is required, i.e. weeks/months _____

ATS drivers must concentrate on the safe operation of the vehicle and cannot provide supervision to those who require constant or frequent attention because of medical or behavioural reasons.

Can applicant be left alone at their destination? Yes No

If **NO**, an attendant must travel with this applicant.

In your opinion, should the applicant travel with an attendant? Yes No

PLEASE NOTE: ATS does not provide attendants. If "yes" the applicant must travel with an attendant at all times, and the trip will not be accommodated if the attendant is not present.

NEEDS ASSESSMENT AUTHORIZATION - I have assessed this applicant and based on my professional knowledge and opinion, I, the undersigned, recommend this individual as eligible to use the services of the Accessible Transportation Service.

_____	_____	_____	_____
<i>Print name and title</i>	<i>Date</i>	<i>Signature</i>	<i>Phone</i>
_____	_____	_____	_____
<i>Agency Affiliation (if any)</i>	<i>Address</i>		

Mandatory Attendant Form



Part F: Application for Mandatory Attendant

Instructions: A Mandatory Attendant must fill in the following portions of this application.

Personal Information To be completed by the attendant

1 Name: _____
Surname
First Name
Middle Name

2 Birth Date: 3 Gender:
dd
mm
yyyy
M
F

4 Address: _____ Postal Code

5 Phone: Home: _____ Work _____ Cell _____

6 Relationship to applicant: _____

Emergency Contact: List two people we can contact in case of an emergency.

Name _____	Name _____
Home Phone _____	Home Phone _____
Relationship to applicant _____	Relationship to applicant _____

Additional Information To be completed by the attendant

Please provide any additional information that may be relevant to this application:

Signature & Date To be completed by the attendant

I hereby declare that the information provided above is true and correctly represents my condition

Attendant Signature _____ *Date*

For office use only:

Date Received: _____

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;"><i>Surname</i></td> <td style="width: 50%; border-bottom: 1px solid black;"><i>Given Name</i></td> </tr> <tr> <td style="border-bottom: 1px solid black;"><input type="text"/></td> <td style="border-bottom: 1px solid black;"><input type="text"/></td> </tr> </table>	<i>Surname</i>	<i>Given Name</i>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Approved <input type="checkbox"/> Entered <input type="checkbox"/> Declined
<i>Surname</i>	<i>Given Name</i>				
<input type="text"/>	<input type="text"/>				

Registration Number

Notes: _____
