



# Para-Transportation Application Form

Para-Transportation Registration  
The City of Woodstock  
P.O. Box 1539, 500 Dundas St.  
Woodstock, Ontario N4S 0A7  
Phone 519-539-1291

**Both Part A and Part B must be completed in order for your application to be considered.**

Para-Transportation service is intended for those persons who, due to a functional limitation, cannot board, ride or disembark from regular fixed-route buses.

All regular fixed route buses are accessible and equipped with a ramp and the ability to “kneel” lower to the ground. There are no stairs. All stops are announced and all bus stops and bus shelters are accessible. We offer travel training for those who are interested in riding regular fixed-route transit, but would like some assistance in learning to navigate the system.

- The information provided on this application is confidential. It is protected from access by the Municipal Freedom of Information and Protection of Privacy Act, 1990.
- This application is subject to review by the City Physician and any other persons deemed appropriate by the City Clerk.
- If you have any questions or need assistance, please call Para-Transportation at: (519) 539-1291.

## **HOW TO APPLY FOR PARA-TRANSPORTATION SERVICE:**

- Fill out Part A of this application.
- Take or send the application (Parts A and B) to your health care professional to have Part B completed.
- Return the complete application (Parts A and B) to Para-Transportation Registration at the Clerks Department on the main floor of Woodstock City Hall.
- Para-Transportation will notify you of your eligibility. If we require additional information, we may call you or request an in-person interview to obtain more information about your disability and how it affects your ability to use regular accessible fixed-route transit services.
- If you have not been notified within 14 days of submitting your application, please call us.

**Failure to completely fill out the application may  
delay the application process**

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## Part A: To be completed by the applicant

<b>1. Contact Information</b> (Please print clearly)			
<i>(please circle one)</i> <i>Mr.</i> <i>Mrs.</i> <i>Ms.</i>			
First Name		Last Name	
House #	Street Name	Unit # <i>(if applicable)</i>	
City	Province	Postal Code	
Home Phone #	Daytime Contact #	TTY/TTD # <i>(if applicable)</i>	
e-mail address			
<b>2. Date of Birth</b>			
Month	Day	Year	
<b>3. In case of emergency, please notify</b>			
Name			
Relationship to you			
Contact telephone #			
All regular fixed route buses are accessible and equipped with a ramp and the ability to “kneel” lower to the ground. There are no stairs. All stops are announced and all bus stops and bus shelters are accessible. We offer travel training for those who are interested in riding regular fixed-route transit, but would like some assistance in learning to navigate the system.			
<b>4. Bus Stop</b> <i>(choose only one)</i>			
<input type="radio"/> I can always get to and from a bus stop			
<input type="radio"/> I can never get to and from a bus stop			
<input type="radio"/> I can get to and from a bus stop only if			
<i>(check all that apply)</i>			
<input type="checkbox"/> I have an attendant with me			
<input type="checkbox"/> I need to travel less than _____metres to and from a bus stop			
<input type="checkbox"/> I am familiar with the area			
<input type="checkbox"/> I receive travel training for the stops I use			
<input type="checkbox"/> There is a sidewalk			
<input type="checkbox"/> The ground is level or only slightly inclined			
<input type="checkbox"/> The path is free of ice, snow or debris			
<input type="checkbox"/> Other _____			
<b>5. Waiting at a bus Stop</b> <i>(choose only one)</i>			
<input type="radio"/> I can generally wait outside at a bus stop			
<input type="radio"/> I cannot wait outside at a bus stop			
<input type="radio"/> I can wait outside at a bus stop only if			
<i>(check all that apply)</i>			
<input type="checkbox"/> There is a bench			
<input type="checkbox"/> There is a shelter			
<input type="checkbox"/> The wait time is no longer than _____ minutes			
<input type="checkbox"/> Other _____			

**6. Will you use any of the following when you ride Para-Transit?**

*(choose all that apply)*

- |   |   |
|---|---|
| <input type="checkbox"/> Manual Wheelchair  | <input type="checkbox"/> Service Animal |
| <input type="checkbox"/> Powered Wheelchair | <input type="checkbox"/> Cane           |
| <input type="checkbox"/> Oxygen Bottle      | <input type="checkbox"/> Prosthesis     |
| <input type="checkbox"/> Powered Scooter    | <input type="checkbox"/> Walker         |
| <input type="checkbox"/> Crutches           | <input type="checkbox"/> White Cane     |
| <input type="checkbox"/> Other _____        |   |

**7. Using regular accessible fixed-route transit.**

*(choose only one)*

- I can independently recognize my destination and leave the vehicle  
 I cannot independently recognize my destination and leave the vehicle  
 I can recognize my destination and leave the vehicle only if

*(check all that apply)*

- I receive travel training  
 The driver announces my stop  
 Other \_\_\_\_\_

**8. I can ride a regular accessible fixed-route bus if**

*(check all that apply)*

- |  |  |
|--|--|
| <input type="checkbox"/> I have an attendant with me     | <input type="checkbox"/> I am familiar with the routes |
| <input type="checkbox"/> I have received travel training | <input type="checkbox"/> A seat is available           |
| <input type="checkbox"/> Other _____                     |  |

**9. Do you require an attendant when you travel?**

- Yes                       No  
 Sometimes (please explain)

**10. If you use a wheelchair or scooter can you transfer to a car or bus seat without assistance?**

- Yes                       No  
 Sometimes

**11. What is your disability and how does it affect your ability to use regular accessible fixed routes? Please include any information you feel would be helpful. (This is a required field.)**

\_\_\_\_\_

12. Do you have a driver's licence?	<input type="radio"/> Yes	<input type="radio"/> No
13. Do you have access to the use of a personal automobile?	<input type="radio"/> Yes	<input type="radio"/> No
<p>14. I hereby certify that to the best of my knowledge, the information given above is correct and I authorize the health care professional named on part B to provide information to the City Clerk or deputy Clerk.</p> <p><b>If new information is received regarding a change in my functional ability, my eligibility status may be reviewed.</b></p> <p>_____</p> <p>Signature of applicant <span style="margin-left: 300px;">Date (mm/dd/yy)</span></p>		
<p><b>If you are NOT the applicant, but have completed this application on the applicant's behalf you must provide the following information.</b></p>		
<i>First Name</i>	<i>Last Name</i>	
<i>Home Phone #</i>	<i>Daytime Contact #</i>	
<i>e-mail address</i>		
Relationship to the applicant		
<p>I certify that to the best of my knowledge the information given above is correct.</p> <p>_____</p> <p>Signature <span style="margin-left: 300px;">Date (mm/dd/yy)</span></p>		
<p><b>When you have completed Part A, take or mail Part A and B to your health care professional. When Part B has been completed, mail or deliver both Parts A and B to:</b></p>		
<p style="text-align: center;">         Para-Transportation Registration          The City of Woodstock          P.O. Box 1539          500 Dundas Street          Woodstock, Ontario          N4S 0A7          Fax – 519-539-7705          e-mail – <a href="mailto:accessibility@cityofwoodstock.ca">accessibility@cityofwoodstock.ca</a> </p>		

**Part B: To be completed by your Health Care Professional**

Please complete	Or place stamp here	
Name		
Street #		Unit #
Street Name		
City		Province
Postal Code		
Office Phone		

**Profession (check one)**

<input type="checkbox"/> Licensed Physician	<input type="checkbox"/> Nurse Practitioner
<input type="checkbox"/> Licensed Physical Therapist	<input type="checkbox"/> Licensed Optometrist
<input type="checkbox"/> Certified Rehabilitation Specialist	<input type="checkbox"/> Registered Occupational Therapist
<input type="checkbox"/> Certified Psychiatrist	

1. The applicant (or representative) has completed Part A. Please read Part A in its entirety.
2. In completing Part B, please follow the listed criteria (you may be contacted if any questions remain).
3. The application must be filled COMPLETELY and must be legible or it may not be processed.

**Certification Process:**

**Please be certain to base your evaluation solely upon the applicant's ability to use regular accessible fixed-route transit service (conventional transit).**

1. I have read Part A in its entirety  Yes  No

2. I agree with the information in Part A  Yes  No

If **NO**, please explain

3. Please explain condition causing the disability

4. Severity of condition

Mild  Moderate  Severe  Profound

5. Expected duration of disability

Temporary: expected duration until Date: \_\_\_\_\_

Permanent: impacts of disability will not change

**6. All regular fixed route buses are accessible and equipped with a ramp and the ability to “kneel” lower to the ground. There are no stairs. All stops are announced and all bus stops and bus shelters are accessible. We offer travel training for those who are interested in riding regular fixed-route transit, but would like some assistance in learning to navigate the system. The City of Woodstock’s Para Transportation is intended for those persons who, due to a functional limitation, cannot board, ride or disembark from a regular fixed-route accessible bus.**

**Is the applicant capable of riding regular fixed route transit?**       Yes       No

**Does the applicant require para-transit?**       Yes       No

If yes, the service is required:       Winter months only       All year around

Comments:

**7. Does the applicant require an attendant to travel with them?**       Yes       No  
 Sometimes

**8. Does the applicant use a scooter?**       Yes       No

If **YES**, is the scooter medically required?       Yes       No

**9. Are there any other effect(s) of the disability that prevents the applicant from using regular fixed route transit that Para-Transportation should be aware of?**

Please print clearly

**10. I hereby certify that the above information is true.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (mm/dd/yy)

**Thank you for your assistance. Please return this application to the Para-Transportation applicant or with the person’s permission, forward it directly to Para-Transportation.**

Para-Transportation Registration  
 The City of Woodstock  
 P.O. Box 1539, 500 Dundas St.  
 Woodstock, ON N4S 0A7  
 Fax 519-539-7705  
 e-mail – accessibility@cityofwoodstock.ca

For internal use only		
Eligibility		
Duration		
Support Person	Yes	No
Required to fill out Part B upon renewal	Yes	No