

**CITY OF OWEN SOUND**  
**MOBILITY TRANSIT**  
**APPLICATION FORM**

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

Please return the completed form to the address listed above.

**Mobility Transit service is intended for those persons who, due to a functional limitation, cannot board, ride or disembark from City of Owen Sound's Accessible Conventional Fixed-Route System.**

Owen Sound's Accessible Conventional Fixed-Route Transit buses are all Accessibility for Ontarians with Disabilities Act (AODA) compliant. Every bus has a wheelchair ramp and tie-down locations to accommodate two wheelchairs or powered wheelchairs. Due to space restrictions, mobility scooters are not permitted on the accessible conventional transit buses.

In order to ensure that the service is available to those that need it, Mobility Transit applicants are required to demonstrate why they are unable to use the Accessible Conventional Fixed-Route Transit Service.

- The information provided on this application is of a confidential manner, and is for the sole use of consideration of service on the Mobility Transit System in the City of Owen Sound. It is protected from access by the Freedom of Information and Protection of Privacy Act, 1990.
- This application is subject to review by the Public Works and Engineering Department – Transit Division and any other persons deemed appropriate at any time.
- Approved applications will be effective for three (3) years.
- If you have any questions or need assistance, please call Public Works and Engineering Department – Transit Division at 519-376-4274 ext. 3233.

**HOW TO APPLY FOR MOBILITY TRANSIT 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. Both Part A and Part B must be completed in order for your application to be considered.
- Return the completed application (Parts A and B) in a sealed envelope to the Public Works and Engineering Department – Transit Division located at the Public Works Building (1900 20<sup>th</sup> Street East, Owen Sound N4K 5N3)
- Public Works and Engineering Department will notify you of your eligibility. If we require additional information, you may be requested to come in for an interview to provide us with more information about your disability and how it affects your use of City of Owen Sound's Accessible Conventional Fixed-Route System. The City may also determine that you require a Support Person in order to use the Mobility Transit Service.
- If you have not been notified within 14 days of submitting your application, please call us.
- All information on this application form will be kept confidential.

**Failure to completely fill out the application will delay the application process.**

## Part A: To be completed by the applicant

Please type or print clearly

### 1. Contact Information

First Name

Middle Name

Last Name

House #

Street Name

Unit # (if applicable)

City

Province

Postal code

Home Phone #

Daytime Contact #

TTY/TDD # (if applicable)

e-mail address

### 2. Date of Birth

Month

Day

Year

### 3. In case of emergency, please notify

Name

Relationship to you Contact

Telephone #

### 4. Bus Stop (Choose only one)

I can always get to and from a bus stop

I can never get to and from a bus stop

I can get to and from a bus stop only if (check all that apply)

I have a support person with me

I need to travel less than \_\_\_\_\_ meters to and from bus stop

I am familiar with the area

There are curb cuts along the route to the stop

There is a sidewalk

The ground is level or only slightly inclined

The path is free of ice, snow or debris

Other \_\_\_\_\_

### 5. Waiting at a bus stop (Choose only one)

I can generally wait outside at a bus stop

I cannot wait outside at a bus stop

I can wait outside at a bus stop only if (check all that apply)

There is a bench

There is a shelter

The wait is no longer than \_\_\_\_\_ minutes

Other \_\_\_\_\_

6. **Using Owen Sound's Accessible Conventional Fixed-Route Transit Bus.** (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)
  - The driver announces my stop
  - Other \_\_\_\_\_

7. **I can ride Owen Sound's Accessible Conventional Fixed-Route Transit Bus only if** (Check all that apply)

- I have a support person with me
- I am familiar with the routes
- Every bus stop on my route is accessible
- A seat is available
- Other \_\_\_\_\_

8. **Will you use any of the following when you ride Mobility Transit?** (Check all that apply)

- Manual Wheelchair
- Powered Wheelchair
- Oxygen Bottle
- Mobility Scooter
- Walker
- Hearing aid(s)
- Other \_\_\_\_\_
- Service Animal
- Cane
- White Cane
- Prosthesis
- Communications Board
- Crutches

\*Mobility scooters are restricted to 0.76 m (30 inches) wide x 1.23 m (48 inches) long

9. **Do you require a support person when you travel?**

- Yes       No      If yes, please explain:

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

- Yes       No       Sometimes (please explain)

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11. **What is your disability and how does it affect your ability to use Owen Sound's Accessible Conventional Fixed Routes?**

(please provide any information that you feel would help)

12. 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 Public Works and Engineering Department – Transit Division at the City of Owen Sound.

If new information is received regarding a change in my functional ability, my eligibility status may be reviewed.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date mm / dd / yyyy

**If you are NOT the applicant, but have completed this application the applicant's behalf you must provide the following information**

First Name	Last Name	
_____	_____	
House #	Street	Unit # (if applicable)
_____	_____	_____
City	Province	Postal Code
_____	_____	_____
Home Phone #	Daytime Contact #	
_____	_____	
Relationship to the applicant		
_____	_____	

**Declaration: I certify that to the best of my knowledge the information given above is correct.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date mm / dd / yyyy

**When you have completed Part A, take or mail Parts A and B to your health care professional. When Part B has been completed, mail or deliver both parts A and B to:**

**City of Owen Sound  
Public Works and Engineering Department – Transit Division  
808 2<sup>nd</sup> Avenue East  
Owen Sound, ON N4K 2H4  
Phone 519-376-4274 ext. 3233**

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

Mobility Transit service is intended for those persons who, due to a functional limitation, cannot board, ride or disembark from City of Owen Sound’s Accessible Conventional Fixed-Route System.

Health documents filed in support of this application are privileged – subject to the confidentiality provisions of the *Freedom of Information and Protection of Privacy Act*.

**Certification Process: The applicant (or representative) has completed Part A. Please read Part A in its entirety.**

- 1. In completing Part B, please follow the listed criteria.
- 2. You may be contacted if any questions remain.
- 3. The application must be filled out COMPLETELY and must be legible or it may not be processed.

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

*Patient Information*

*First Name*

*Middle Name*

*Last Name*

\_\_\_\_\_

- 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 \_\_\_\_\_  
mm / dd / yyyy

Permanent: condition with no expectation of improvement

- 6. Does the applicant require a support person to travel with them?  Yes  No

- 7. Does the applicant use a mobility scooter?  Yes  No

If yes, please briefly explain if medically required

\_\_\_\_\_

8. Is there any other effect(s) of the disability that Mobility Transit should be aware of?  
(Please print or type clearly)

9. I hereby certify that the above information is true

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date mm/dd/ yy

\_\_\_\_\_  
Clearly print the name of the Physician/Optometrlist/Therapist or Practitioner

10. Please complete or use your Stamp

House #  Street   
Unit # (if applicable)   
City  Province   
Postal Code   
Office Phone #

11. Profession (check one)

- |   |   |
|---|---|
| <input type="radio"/> Licensed Physician          | <input type="radio"/> Nurse Practitioner                |
| <input type="radio"/> Licensed Physical Therapist | <input type="radio"/> Licensed Optometrist              |
| <input type="radio"/> Certified Psychologist      | <input type="radio"/> Registered Occupational Therapist |

**Thank you for your Assistance**

Please return this application to the person seeking Owen Sound's Mobility Transit certification, or with the person's permission, forward it directly to the following address:

**City of Owen Sound  
Public Works and Engineering Department – Transit Division  
808 2<sup>nd</sup> Avenue East  
Owen Sound, ON N4K 2H4  
Phone 519-376-4274 ext. 3233**