





## Application for Persons with a Disability

Is or does the applicant

- 1. Physically able to climb/descend stairs on a regular basis? Yes  No
- 2. Physically able to walk a distance of 175m (600ft. an average block)? Yes  No
- 3. Able to transfer from wheelchair to car with minimal assistance? Yes  No
- 4. Suffer from vertigo to the degree that he/she would fall? Yes  No
- 5. Cognitively impaired? If so, to what degree? Yes  No

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- 6. Require an attendant or escort? Yes  No   
(i.e. is unable to self-direct own care and would be unable to be left safely unattended aboard the vehicle or while in transit)

### F. Does the Applicant Use Mobility Aids?

Yes  No

If so, please indicate which ones:

- Wheelchair       Electric Wheelchair       Cane       Scooter  
 Walker      Crutches       Leg Braces

Other: \_\_\_\_\_

Are there any other physical factors limiting the applicant's mobility? If yes, please explain.

\_\_\_\_\_  
\_\_\_\_\_

For what time period are special transit services required?

- Temporary       Permanent

Length of time: \_\_\_\_\_

Does the applicant live alone? Yes  No

Will the applicant make his/her own bookings? Yes  No

If no, is applicant aware of bookings made? Yes  No

