

Application for Youth (between 13 to 24 years of age)

Application Instructions

Applicants must complete sections A, B, C and D

A. Personal Information

Name: _____
Date of Birth: _____ Age: _____ Male Female
Address: _____ Apartment or Unit : _____
City or Town: _____ Postal Code: _____
Home Telephone: _____ Cellular Number: _____
Email: _____

B. Emergency Contacts

Please provide the names of two persons to be contacted in case of emergency. One must reside at a different address and phone number than the applicant and one must be next of kin.

Name: _____
Address: _____ Apartment or Unit: _____
City or Town: _____ Postal Code: _____
Home Telephone: _____ Business Telephone: _____
Relationship to client: _____

Name: _____
Address: _____ Apartment or Unit: _____
City or Town: _____ Postal Code: _____
Home Telephone: _____ Business Telephone: _____
Relationship to client: _____

C. Does the Applicant Use Mobility Aids?

Yes No

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If so, please indicate which ones

- | | | | |
|-------------------------------------|--|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Wheelchair | <input type="checkbox"/> Electric Wheelchair | <input type="checkbox"/> Cane | <input type="checkbox"/> Scooter |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Crutches | <input type="checkbox"/> Leg Braces | |

Other: _____

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

D. Proof of Age

Persons registering as youth to use the Youth Taxi Scrip Program must submit proof that they are between the ages of 13 to 24 and/or possess a valid Halton Hills Student Identification Card. Please attach a photocopy of each of the following documents. Please do not submit original documents.

- Halton Hills Student ID Card
- Proof of Age (please specify type of identification supplied): _____

For Office Use Only

Received by: _____ Date: _____

Registration Number Assigned: _____

The personal information on this form is collected under the authority of Section 11 of the Municipal Act, as amended. The information is used for the purpose of processing this application and administering the program. Questions regarding the collection of this information should be directed to the Town's Transit Supervisor at 905-873-2600 ext. 2617 or activan@haltonhills.ca

Town of Halton Hills Transportation & Public Works

1 Halton Hills Drive, Halton Hills ON L7G 5G2

General Inquiry: 905-702-6435

Fax: 905-873-8192

Website: www.haltonhills.ca/transit

Email: activan@haltonhills.ca