



# Application for Persons with a Disability

## Eligible Criteria

Any persons with a physical, medical or cognitive disability is eligible to register as an ActiVan user. Please note that sections D, E and F of this application must be filled out and signed by a recognized medical practitioner.

## Application Instructions

Applicants must complete sections A, B and C and have their health care professional complete sections D, E and F

### A. Personal Information

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male  Female

Address: \_\_\_\_\_ Apartment/Suite or Unit: \_\_\_\_\_

City or Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

### 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/Suite or Unit: \_\_\_\_\_

City or Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Relationship to client: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apartment/Suite or Unit: \_\_\_\_\_

City or Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Relationship to client: \_\_\_\_\_



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## C. Applicants Authorization

I hereby authorize the undersigned health care professional to release the information provided by them on this application for the purpose of determining my eligibility as a Town of Halton Hills ActiVan registrant. I also understand that my continued eligibility may be reassessed from time to time.

\_\_\_\_\_  
 Applicants Signature

\_\_\_\_\_  
 Date

Personal information on this form, referred to as “ActiVan Applications Form” is collected under the authority of the Municipal Act, R.S.O 1990, Chapter M.45 (as amended)

## D. Health Professional Information

- CPSO (Physician)                       BDPT (Physiotherapist)                       BDC (Chiropractor)  
 OSOT (Occ. Therapy)                       RN (Registered Nurse)

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Suite or Unit: \_\_\_\_\_

City or Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

## E. Disability Information

Diagnosis of physical disability:

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

List applicant’s physical restrictions and how they affect his or her mobility:

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



## Application for Persons with a Disability

Is or does the applicant

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

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 6. Require an attendant or escort?<br>(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) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|--|------------------------------|-----------------------------|

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

Yes  No

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.

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

For what time period are special transit services required?

- |                                    |                                    |
|------------------------------------|------------------------------------|
| <input type="checkbox"/> Temporary | <input type="checkbox"/> 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



# Application for Persons with a Disability

I hereby certify that the information given above is correct

\_\_\_\_\_  
Health Care Professional Signature

\_\_\_\_\_  
Date

## 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 ActiVan Transit Coordinator at 905-873-2601 ext. 2617 or [activan@haltonhills.ca](mailto:activan@haltonhills.ca)

### Town of Halton Hills Infrastructure Services

1 Halton Hills Drive, Halton Hills ON L7G 5G2

General Inquiry: 905-873-2601 ext. 2617

Fax: 905-873-8192

Website: [www.haltonhills.ca/transit](http://www.haltonhills.ca/transit)

Email: [activan@haltonhills.ca](mailto:activan@haltonhills.ca)