

SAULT STE. MARIE PARA BUS
111 Huron Street
Sault Ste. Marie, Ontario P6A 5P9
Tel: (705) 942-1404 Fax: (705) 759-5834

APPLICATION FOR ELIGIBILITY

SECTION "A" (To be completed by the Applicant, Family, or Legal Guadian)

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ APT.#: _____

POSTAL CODE: _____ MALE: _____ FEMALE: _____ PHONE: _____

EMAIL ADDRESS: _____

Preferred Method of Communication: (Circle One) Email Phone Letter

DIRECTION FOR RELEASE OF MEDICAL INFORMATION

I, _____ hereby authorize you (the physician) to release any medical information which may be required by a member of the Parabus Eligibility Committee and/or an official of Transit Services to aid in determining my eligibility for Parabus service in this community.

Signature of Applicant

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**SECTION "B" To be completed by a Physician/Nurse Practitioner/
Chiropractor/Occupational Therapist/Physiotherapist**

1) Describe how the present disability prevents applicant from using conventional transit _____

2) Permanent _____ Temporary: 3 Months _____ 6 Months _____ 12 Months _____

Please circle YES or NO for each of the following questions:

3) Is the Applicant able to board or alight for a regular transit service? **YES NO**

4) Is the Applicant physically able to walk 175 m? (An average city block) **YES NO**

5) Will the applicant require an assistant while travelling on the Parabus?*** **YES NO**

***** If YES, then see instructions in Parabus brochure for more information on obtaining a Parabus Client Transit Card which will allow an attendant to ride for FREE.**

6) Does applicant use a mobility aid? NONE _____ CANE _____ WALKER _____
CRUTCHES _____ WHEELCHAIR _____ SCOOTER _____

DATE: _____ PHYSICIAN'S NAME: _____

PHYSICIAN'S SIGNATURE: _____

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OFFICE SPACE ONLY

DATE APPROVED: _____

TEMPORARY: (Expiry Date) _____