



Application for Eligibilityfor Municipality of Dysart et al Special Transit Service

(Effective April 27, 2015)

Please answer all the questions on this form.

To be completed by the Applicant or by an Authorized Designate on behalf of the Applicant.

You may mail, email or fax your completed application to:

Municipality of Dysart et al

PO Box 389

135 Maple Avenue

Haliburton, ON K0M 1S0

Email: lsalvatori@dysartetel.ca or ascheffee@haliburtonbuslines.ca

Fax: 705-457-1964

Telephone: 705-457-1740

Once received, the application will be reviewed within 14 calendar days and notification of eligibility will be sent to you. Please note that an incomplete application cannot be processed and will result in delays.

Disclaimer: If you experience difficulty accessing this document, or you would like this document in an alternate format, please contact us by telephone at 705-457-1740 or email info@dysartetel.ca.

Part 1: Personal Contact Information

Date of Birth:	
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Last Name:	
First Name:	Middle Initial:

Residence Address:		
Apartment Number:	City:	Postal Code:
Mailing Address (if different from above):		
If you live in a private home or apartment complex, can you provide additional details regarding your address that will help the DYMO operator find your residence? For example, name of your apartment complex, directions from major roads or intersections, colour of your house, landmarks, etc.		

Home Phone: (705)	Cell Phone: (please provide area code)
Work Phone: (705)	Ext.
TTY: (705)	
Email address:	

Part 2: Emergency Contact Information

Primary Contact:

Name:	
Relationship to Applicant:	
Home Phone: (705)	Cell Phone: (please provide area code)
Work Phone: (705)	Ext.
TTY: (705)	
Email address:	
Residential Address:	
Mailing Address (if different from above):	

Secondary Contact:

Name:	
Relationship to Applicant:	
Home Phone: (705)	Cell Phone: (please provide area code)
Work Phone: (705)	Ext.
TTY: (705)	
Email address:	
Residential Address:	
Mailing Address (if different from above):	

Part 3: Personal/Medical Information

Please check Yes or No to the following questions.

	Yes	No
Are you a current client of the DYMO bus service?		
Are you a new applicant for DYMO bus service?		
Are you a visitor who is temporarily living in the Municipality of Dysart et al?		
Are you a registered client of the C.N.I.B.?		
Are you a client of another accessible transit system (apart from DYMO bus?) If you checked Yes, which accessible transit system do you use?		
Is your disability or health condition:		
Permanent		
Temporary (expected to last until)		
Dependent on environmental or physical barriers		

In the following table, please fill in any relevant information about your impairments that may affect your ability to board, exit and travel on a conventional public transit bus and/or conventional vehicle. Please be as specific as possible (i.e. exact impairment, abilities, etc.).

[illegible]

Please check the type(s) of transportation you are able to use with some support. Please check all that apply.	
Accessible Passenger Bus (i.e. DYMO bus)	
Adapted Personal Vehicle (when available)	
Standard Taxi Cab (with support)	
Other (please explain)	

Do you require a support person while travelling? A support person is a person specifically employed or designated by you to assist with your daily living needs, including travel.

Yes	No
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Briefly describe the support you require when travelling (i.e. you must be lifted into vehicles, your required mobility aid must be placed into vehicles, you need assistance to find your way around a city, you require a visual display of upcoming bus stops or an audio announcement of upcoming bus stops (if applicable), etc.)

Please check the type(s) of mobility aids you use when travelling in the community. Please check all that apply.					
*Powered Wheelchair		*Manual Wheelchair		Alphabet Board	
Picture Board		Oxygen Tank		*Scooter	
Walker		Support Cane(s)		Leg Brace	
Crutches		White Cane		Service Animal	
Hearing Aid(s)		None		Other	
Other (please explain)					
*Please Note: DYMO bus may not be able to accommodate you, if your wheelchair or scooter is longer than 48" (1.2 meters) or wider than 32" (81.3 cm) or if your total weight with your wheelchair or scooter is more than 1000 pounds (454 kilograms).					

Can you transfer independently from a scooter to the seat of a bus?		
Yes	No	Sometimes

Can you walk up and down one 11 inch (28 cm) step with a handrail, without assistance from another person?		
Yes	No	Sometimes

Part 4: Permissions and Protection of Privacy (to be read and signed by Applicant)

I understand that the purpose of this application form is to determine whether I am eligible to be a permanent, temporary or occasional client of Municipality of Dysart et al DYMO bus. I understand the personal/medical information provided on this form is confidential and will only be shared with designated employees of the Municipality of Dysart et al and/or the service provider Haliburton Bus Lines for the purpose of processing this application.

I give permission to designated employees of the Municipality of Dysart et al and/or Haliburton Bus Lines to contact either myself or the Authorized Designate who has completed this form on my behalf for further information to determine my eligibility for the DYMO bus.

I certify to the best of my knowledge, the information provided on this form is true and correct. I understand that providing false or misleading information could result in the termination of my eligibility for the DYMO bus service.

Personal Privacy: The personal information collected on this form is subject to the provisions of the Freedom of Information and Protection of Privacy Act (FIPPA) and the Personal Health Information Protection Act (PHIPA). The information collected on this form will not be shared with anyone other than as set out in the previous consent above and will not be used for any purpose other than for eligibility and service delivery for the DYMO bus

Signature of Applicant or Mark Witnessed by Authorized Designate

Name of Applicant (please print):

Date of Application:

Part 5: Certification By Authorized Designate (if this form has been completed by someone other than the Applicant). Please check one.

I certify that the information in this application is true and correct based upon the information given to me by the Applicant.	
I certify that the information provided in this application is true and correct based upon my own knowledge of the Applicant's health condition or disability and/or I have legal authority to complete this application.	
Print Name:	
Agency Name (if applicable):	
Relationship to Applicant:	
Address:	
Day Phone:	
Signature:	Date: