



## CARE-A-VAN APPLICATION FORM

**Care-A-Van service is intended for those persons who, due to a functional limitation, cannot board, ride or disembark from a fixed-route Sarnia Transit bus.**

If you have any questions or need assistance, please call *Care-A-Van* at:  
**(519) 336-3789**

### HOW TO APPLY FOR CARE-A-VAN SERVICE:

- Fill out Part A of this application.
- Take or send the application (Parts A and B) to your health care professional to have Part B completed. Both Part A and Part B must be completed in order for your application to be considered.
- Return the completed application (Parts A and B) to *Care-A-Van*.
- *Care-A-Van* will notify you of your eligibility. If we require additional information, you may be requested to come in for an interview to provide us with more information about your disability and how it affects your use of Sarnia Transit’s accessible fixed-route transit services.
- If you have not been notified within 30 days of submitting your application, please call us.
- All information on this application form will be kept confidential.
- **Failure to completely fill out the application will delay the application process.**

PLEASE TYPE OR PRINT CLEARLY

1. **Name:** \_\_\_\_\_  
(Last) (First) (Middle)

2. **Address:** \_\_\_\_\_  
(Apt) (Street)  
\_\_\_\_\_  
(City or Town) (Postal Code)

3. **Daytime Phone:** ( ) \_\_\_\_\_ **Evening Phone:** ( ) \_\_\_\_\_  
**TTY/TDD Number:** ( ) \_\_\_\_\_ (For Hearing Impaired)

4. **Date of Birth:** \_\_\_\_\_  
YY /MM /DD

**5. In case of an emergency, please notify (eg. family, friend, neighbour):**

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

Relationship: \_\_\_\_\_

Telephone Number(s): ( ) \_\_\_\_\_

**Check one box only:**

**6. A.  I can always get to and from a bus stop.**

**B.  I can never get to and from a bus stop.**

**C.  I can get to and from a bus stop only if (circle all that apply):**

1. I have an attendant with me
2. I need to travel less than \_\_\_ meters to or from the bus stop
3. I am familiar with the area
4. I receive travel training for the stops I use
5. There are curb cuts along the route to the stop
6. There is a sidewalk
7. The ground is level or only slightly inclined
8. The path is free of ice, snow or debris
9. Other \_\_\_\_\_

**Check one box only:**

**7. A.  I can generally wait outside at a bus stop.**

**B.  I cannot wait outside at a bus stop.**

**C.  I can wait outside at a bus stop only if (circle all that apply):**

1. There is a bench
2. There is a shelter
3. The wait is no longer than \_\_\_\_\_ minutes
4. Other \_\_\_\_\_

**8. Will you use any of the following when you ride *Care-A-Van*? Check all that apply:**

- |   |   |
|---|---|
| <input type="checkbox"/> Manual wheelchair  | <input type="checkbox"/> Guide dog            |
| <input type="checkbox"/> Powered wheelchair | <input type="checkbox"/> Cane                 |
| <input type="checkbox"/> Oxygen bottle      | <input type="checkbox"/> White cane           |
| <input type="checkbox"/> Powered scooter    | <input type="checkbox"/> Prosthesis           |
| <input type="checkbox"/> Walker             | <input type="checkbox"/> Communications Board |
| <input type="checkbox"/> Hearing aid        | <input type="checkbox"/> Crutches             |
| <input type="checkbox"/> Other _____        |   |

**Regarding the use of accessible Sarnia Transit fixed route buses. Check one box only:**

9. A.  I can independently recognize my destination and leave the vehicle.

B.  I cannot independently recognize my destination and leave the vehicle.

C.  I can recognize my destination and leave the vehicle only if:  
(Circle all that apply):

- 1. I receive travel training
- 2. The driver announces my stop
- 3. Other \_\_\_\_\_

10. I can ride a Sarnia Transit fixed route bus only if (check all that apply):

- I have an attendant with me
- I am familiar with the route
- I have received travel training
- Every bus on my route is accessible
- A seat is available
- Other \_\_\_\_\_

11. Do you require an attendant when you travel?

- Yes
- No

If you use a wheelchair or scooter, please answer questions 12. A. and 12. B.

12. Can you transfer to a car without assistance?

- Yes
- No
- Sometimes

13. How does your disability affect your ability to use Sarnia Transit? (Please provide any information that you feel would help.)

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14. I hereby certify that to the best of my knowledge, the information given above is correct and I authorize the health care professional named in Part B to provide information to *Care-A-Van*. If *Care-A-Van* receives new information regarding a change in my functional ability, my eligibility status may be reviewed and changed.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
YY/MM/DD

15. If you are not the applicant, but have completed this application on the applicant’s behalf, you must provide the following information:

Your name: \_\_\_\_\_

Address:  
\_\_\_\_\_

Daytime Phone Number: ( ) \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

I certify that to the best of my knowledge the information given above is correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
YY/MM/DD

**When you have completed Part A, take or mail Parts A and B to your health care professional.**

**When Part B has also been completed, mail parts A and B to:**

***Care-A-Van registration***  
**Sarnia Transit**  
**1169 Michener Rd.**  
**Sarnia, ON**  
**N7S 4W3**

**PART B: FOR THE HEALTH CARE PROFESSIONAL TO COMPLETE**

**Sarnia Transit’s Care-A-Van service is intended for those persons who, due to a functional limitation, cannot board, ride or disembark from a Sarnia Transit fixed-route transit bus.**

**CERTIFICATION PROCESS:**

1. The applicant (or representative) has completed Part A. Please read Part A in its entirety.
2. In completing Part B, please follow the listed criteria.
3. You may be contacted if any questions remain.
4. The application must be filled out COMPLETELY or it will not be processed.

**Please be certain to base your evaluation solely upon the applicant’s ability to use accessible fixed-route transit service.**

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1. **I have read Part A in its entirety.** Yes [  ] No [  ]
  2. **I agree with the information in Part A.** Yes [  ] No [  ]

If NO, please explain:

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3. **Condition causing disability:** \_\_\_\_\_  
\_\_\_\_\_

4. **Severity:** mild [  ] moderate [  ] severe [  ] profound [  ]

5. **Expected duration of disability:**

[ ] **Temporary:** Expected duration until \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
YY MM DD

[ ] **Permanent:** Conditions with no expectation of improvement.

6. **Is (are) there any other effect(s) of the disability that *Care-A-Van* should be aware of?**  
(Please type or print)

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

7. **I hereby certify that the above information is true.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
YY/ MM /DD

Print Name / Stamp: \_\_\_\_\_

Street Address: \_\_\_\_\_

City or Town: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_

License/Certification Number: \_\_\_\_\_

**Profession** (check one)

- |  |   |
|--|---|
| <input type="checkbox"/> Licensed physician                  | <input type="checkbox"/> Nurse                  |
| <input type="checkbox"/> Licensed physical therapist         | <input type="checkbox"/> Licensed optometrist   |
| <input type="checkbox"/> Certified rehabilitation specialist | <input type="checkbox"/> Certified psychologist |
| <input type="checkbox"/> Registered occupational therapist   |   |

***THANK YOU FOR YOUR ASSISTANCE***

**Please return this application to the person seeking *Care-A-Van* certification, or with the person’s permission, forward it directly to *Care-A-Van*.**

***Care-A-Van registration***  
**Sarnia Transit**  
**1169 Michener Rd.**  
**Sarnia, ON N7S 4W3**