

OFFICE USE ONLY:	DATE PROCESSED _____ / _____ / _____	REG.# _____
PERMANENT CLIENT <input type="checkbox"/>	TEMPORARY: EXPIRY DATE _____ / _____ / _____	



REGISTRATION FORM
 1169 MICHENER ROAD
 SARNIA, ON N7S 4W3



Care-A-Van Office: 519-336-3789

Fax: 519-336-3361

Website: sarnia.ca

Email: cav@sarnia.ca

SECTION A – TO BE COMPLETED BY THE APPLICANT, FAMILY OR LEGAL GUARDIAN

_____ Last Name _____ First Name

_____ Address _____ Apt # _____ City _____ Postal Code

_____ Landline Phone No. _____ Cell Phone No. _____ Email Address

Automated Booking NOTIFICATIONS Preferences (select at least one option below)

For Trip Booking Confirmations and Unaccommodated Trip Requests, I wish to be contacted by:

Voice Call: _____ (indicate phone number)

Text Message (SMS): _____ (indicate Cell Phone Number)

Email: _____ (indicate email address)

For those wishing to add an additional person to receive notifications, please contact the Care-a-van office and speak with the dispatcher directly about updating alternate contact information

Registration Eligibility:

- a) Unconditional Eligibility unable to use accessible fixed route transportation (in any circumstances)
 able to use accessible fixed route transportation (in some circumstances)
- b) Temporary Eligibility unable to use accessible fixed route transportation services for a short period of time (ie. 3-month registration: trips to physiotherapy after knee replacement surgery)

If so, how long _____

- c) Conditional Eligibility unable to use accessible fixed route transportation depending on circumstances (ie. Winter only: cannot navigate to/from fixed route bus stops through snow)

Mobility Device(s):

- Ambulatory (Check One): Walker Cane Crutches None
- Wheelchair (Check One): Manual (Regular Size) Manual (Oversized) Broda (Oversized) Scooter
- Electric Other (Specify): _____

If your condition is such that you require assistance to and from the vehicle and/or throughout the trip, it is your responsibility to ensure such assistance is provided. We reserve the right to deny service, temporarily or permanently if a required support person is not present to accompany you on the trip.

Vehicle Accommodation (check one):

The combined weight/size of both myself and my wheelchair and/or scooter require a Care-a-van equipped with a hydraulic lift (and cannot be accommodated on a ramp) Yes No

ALTERNATE CONTACT INFORMATION

I give my permission to allow an Alternate Contact to schedule bookings on my behalf

I give my permission to Sarnia Care-a-van to share booking information with my Alternate Contact

Alternate Contact: _____ Relationship to Applicant: _____

Mobile/Cell Phone _____ Landline _____

Email Address: _____

Note: Care-a-van Applications can take up 7-10 days for processing. Once complete, a registration package will be mailed to the address indicate above.

SECTION B: TO BE COMPLETED BY A REGISTERED HEALTH PROFESSIONAL

Please have your primary health care provider fill out the following section

DISABILITY VERIFICATION

Doctor's Name: _____
(or Health Care Professional)

Telephone _____

DIAGNOSIS and COMMENTS: Please state clearly the disability which prohibits the above named applicant from boarding an accessible fixed route bus

SUPPORT PERSON DESIGNATION

(Support Persons travel free of charge when accompanying client)

Under the Guide to the INTEGRATED ACCESSIBILITY STANDARDS, a SUPPORT PERSON is defined as "in relation to a person with a disability, another person who accompanies him or her in order to help with communication, mobility, personal care or medical needs or with access to goods or services."

For both the safety of our passengers as well as our drivers, Sarnia Care-a-Van service **ONLY** allows for the transportation of passengers from accessible door to accessible door. In some cases, passengers require a Support Person to accompany them during travel. This includes but is not limited to the following: person(s) who are non-communicative, have a cognitive impairment, has dementia, severe mobility impairment.

Please check one of the boxes below

Does the applicant require the assistance of a Support Person in order to travel?

Yes, always

Occasionally, some of the time

No, Never

DOCTOR SIGNATURE (or Health Care Professional): _____

DATE: _____

WAIVER AND INDEMNITY

(signatures are required to complete application)

In consideration of the provision of Care-a-Van transportation by Sarnia Transit, and the Corporation of the City of Sarnia, I, the undersigned, hereby confirm that:

- I have read and understood the Sarnia Care-a-Van Service Guide, outlining general practices and service & travel guidelines
- I agree to be bound by the terms and conditions set forth in the Guide
- I have read and understand the Care-a-Van Registration Form, or it has been read and explained to me.

The information that I have provided on the Care-a-Van Registration Form is complete and accurate to the best of my knowledge and ability.

I agree to comply with all reasonable directions of the Care-a-Van driver and/or any other Care-a-Van staff and acknowledge that, should I fail to do so, I assume all liability for any injury to any person or property that may arise as a consequence of that failure to follow directions.

Should a Care-a-Van driver, or Sarnia Transit Staff provide me with any assistance beyond that provided for in the Care-a-Van Service Guide, I understand and acknowledge that any assistance is not part of the service provided by Sarnia Care-a-Van or Sarnia Transit. I further acknowledge that any injury or cause of action which may arise as a result of such assistance being provided to me will not render the Corporation of the City of Sarnia, Care-a-Van, Sarnia Transit or their employee or volunteers liable, is undertaken solely at my own risk and that I have no right to claim against the Corporation of the City of Sarnia, Care-a-Van, Sarnia Transit, any driver or other employee or volunteer of Sarnia Transit or the Corporation of the City of Sarnia.

Applicant's Signature

Witness Signature

Date

In the alternative, I hereby declare that I have read and truly described to the person utilizing Care-a-Van services, the contents of the above document. I have used my best efforts to ensure that they fully comprehend the contents of this document. I further understand that this declaration, when signed by me, is of the same force and effect as if sworn under oath.

Signature (on behalf of applicant)

Witness Signature

Date