OFFICE USE ONLY: DATE PROCESSED _____ /_____ /_____ REG.# _____

PERMANENT CLIENT ☐ TEMPORARY: EXPIRY DATE _____ /_____ /_____

Sarnia Care-A-Van

Care-A-Van Office: 519-332-0330 Ext 5309
Website: sarnia.ca
Accessible formats are available upon request.

REGISTRATION FORM
1169 Michener Road
Sarnia, ON N7S 4W3

Fax: 519-336-3361

Email: transit@sarnia.ca

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

Last Name _____ First Name _____

Address _____ Apt # _____ City _____ Postal Code _____

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

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

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

☐ Automated Voice (phone call): _____ (indicate phone number)

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

☐ Email: _____ (indicate email address)

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)

How long will service be required: _____

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)

Application processing may take up to 10 days and a registration package will be mailed to you once your registration has been finalized.

Mobility Device(s)

Ambulatory (Check One): ☐ Mobility device ☐ No mobility device

Wheelchair (Check One): ☐ Manual (Regular Size) ☐ Manual (Oversized) ☐ Broda (Oversized) ☐ Scooter / Electric Wheelchair

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 ☐

Are you able to transfer from a wheelchair to a seat without help, if needed? Yes ☐ No ☐

NOTIFICATION SETTINGS/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 Name:_____ Relationship to applicant: _____

Mobile/Cell Phone: _____Home Phone: _____

Email Address: _____

SECTION B: TO BE COMPLETED BY A REGISTERED HEALTH PROFESSIONAL

DISABILITY VERIFICATION

DIAGNOSIS and/or COMMENTS that support disability Please state clearly the disability which prohibits the applicant/client 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

Signature or Stamp

Name of Doctor: _____

Telephone: _____

Application processing may take up to 10 days and a registration package will be mailed to you once your registration has been finalized.

SECTION C: WAIVER AND INDEMNITY (to be completed by applicant)

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

Application processing may take up to 10 days and a registration package will be mailed to you once your registration has been finalized.

CARE-A-VAN: COLLECTION, USE AND DISCLOSURE OF PERSONAL INFORMATION

The City collects and uses personal information only as needed to determine eligibility for Care-A-Van services and administer the eligibility process. The City protects this information and limits access and disclosure as described in this Policy and as permitted or required by law.

Information collected may include contact details, information about an applicant's mobility and accessibility needs, and supporting information provided by a health care professional. The City uses this information to assess eligibility, administer the application, communicate decisions, and review or renew eligibility.

Access is limited to authorized City employees who need the information to perform their duties. The City discloses personal information only as authorized or required by law. Information is safeguarded, retained and disposed of in accordance with applicable City records retention requirements and the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA).

Personal information is collected under the authority of the Municipal Act, 2001 and Ontario Regulation 191/11, Integrated Accessibility Standards, under the Accessibility for Ontarians with Disabilities Act, 2005. It is managed in accordance with MFIPPA.

Questions regarding the collection, use or disclosure of personal information may be directed towards Sarnia Transit:
Email: **transit@sarnia.ca**
Telephone: 519-332-0330 x5300
In Person or by mail: 1169 Michener Office, Sarnia ON N7S 4B1

Application processing may take up to 10 days and a registration package will be mailed to you once your registration has been finalized.