



Owls

Orillia's Special Needs Busing RIDERSHIP APPLICATION

Please submit completed applications to:

Public Works Department - Transit
50 Andrew Street South, Suite 300
Orillia, ON L3V 7T5

Phone (705) 325-8434
Fax (705) 325-5178

APPLICANT INFORMATION *(please print)*

Name _____ Birth Date (optional) _____

Address _____

_____ Postal Code _____

Telephone - Home _____ Other _____

Emergency Contact Information (will be recorded on the back of your card)

Contact Name _____

Relationship to Applicant _____

Telephone - Home _____ Other _____

OWLS bus services are for persons who have physical mobility limitations.

MOBILITY DETAILS

Mobility aids and devices used daily: (check all that apply)

Wheelchair – Manual _____ Electric _____ Scooter _____

Wheelchair/Scooter Model and Weight _____

OR

Walker _____ Crutches _____ Cane(s) _____

Under which circumstances would you use the above devices?

I am physically **unable** to: (must check all that apply)

- _____ Walk 175 meters (approximately 200 yards)
- _____ Climb 3 steps
- _____ Board a standard passenger vehicle

Will an assistant accompany you? Always ___ Sometimes ___ No ___

Reasons for Use: (check all that apply)

Work _____ Medical _____ Dialysis _____ Social _____

Other _____

Applicant Signature _____ **Date** _____

CERTIFICATION BY: REGISTERED HEALTH CARE PROFESSIONAL

This section is to be completed by the applicant's family physician or registered health care professional currently responsible for applicant's treatment.

Name (Registered Health Care Professional) _____

Profession _____

Health Care Facility _____

Address: _____

Telephone _____

Comments:

I have reviewed the information provided by the applicant and confirm the mobility details are accurate. It is my opinion that this applicant be considered for eligibility status as follows:

Temporary _____ Expected Duration _____ Months
Permanent _____
Not eligible at this time _____

Signature _____ **Date** _____
(Health Care Professional)

Please Note:
Personal information contained on this form is collected under the authority of the Municipal Act RSO 1980, Chapter 302 and will be used to determine eligibility for use of the Orillia Wheelchair Limousine Service. Questions about this collection should be directed to the Public Works Department, address and telephone number listed below.
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50 Andrew Street South, Suite 300
Orillia, Ontario L3V 7T5
Telephone: (705) 325-8434

For Office Use Only:

- | <input type="checkbox"/> Application Review | Approved | Denied | Date |
|---|----------|--------|-------|
| <input type="checkbox"/> Comments | _____ | _____ | _____ |
| <input type="checkbox"/> Processed By: | _____ | | |
| <input type="checkbox"/> Approved By: | _____ | | |
| <input type="checkbox"/> Transit Contractor Notified - Date | _____ | | |

Card No. Issued: _____ **Expiry Date: (m/d/yr)** _____