



Application for Use of Transportation for Persons with Physical Disabilities (Handi-Transit)

** This service operates within the City of Greater Sudbury limits only.*

When completing this application form, please...

- Fill out all parts of the form that apply to you.
- Be sure to sign your application form, or have someone sign on your behalf.
- Ensure that your physician specifies the exact nature of your disability, the severity of your disability and why you are physically unable to use public transit (see reverse side of this form).
- Return this form by mail or in person to:
Robert Gautier,
Greater Sudbury Transit
200 Brady St, Main Floor
PO Box 5000 Stn 'A'
Sudbury ON P3A 5P3

Name: _____ Phone Number: _____

Address: _____ Postal Code: _____

_____ Date of Birth: _____

Describe Your Condition And Mobility Difficulties: _____

- Do You Use:
- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Wheelchair | <input type="checkbox"/> Crutches |
| <input type="checkbox"/> Cane | <input type="checkbox"/> Portable Oxygen Supply |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Other (specify) _____ |

Signature of Applicant: _____ Date: _____

I HEREBY CERTIFY THAT I AM DISABLED IN SUCH A WAY THAT MY MOBILITY IS SERIOUSLY RESTRICTED.

I HEREBY AUTHORIZE MY PHYSICIAN TO RELEASE ANY INFORMATION WITH REGARD TO MY MOBILITY WHICH MAY BE REQUIRED TO ESTABLISH MY ELIGIBILITY FOR HANDI-TRANSIT.

NOTE

- PLEASE HAVE YOUR PHYSICIAN COMPLETE THE REVERSE SIDE OF THIS FORM.
- Once all the required information is received and your application is certified by your physician as meeting the eligibility criteria, you will be informed by mail if your application has been accepted.
- Eligibility for Handi-Transit may be questioned if your condition changes. You may be required to attend for mobility testing before or after this application is approved.

TO BE COMPLETED BY FAMILY PHYSICIAN OR SPECIALIST

TO THE PHYSICIAN: Handi-Transit is a service provided to persons who have physical disabilities that result in their inability to use public transit. This refers to persons who are physically unable to either:

- 1) Climb or descend the three (3) steps of a Greater Sudbury Transit bus. or; 2) Walk a distance of 175 metres.

Please note that the above criteria are based on the applicant's ability to physically perform these tasks. If the applicant is physically able to perform the above functions, he/she is not eligible for Handi-Transit (even though he/she may have medical problems such as heart and lung conditions, cognitive disabilities, frailty or old age).

Disabling condition(s) which affects this applicant's mobility (diagnosis, if possible): _____

Can the applicant climb or descend the three (3) steps of a Greater Sudbury Transit bus?

Yes No

Can the applicant walk a distance of 175 metres?

Yes No

Will the applicant require the Handi-Transit service:

Permanently
 Temporary _____
(Please indicate duration)

Physician's Name and Address (please PRINT clearly)

Name: _____ Telephone No. _____

Address: _____ Postal Code: _____

Physician's Signature: _____ Date: _____

INCOMPLETE APPLICATIONS WILL BE RETURNED

Freedom of Information

Personal information on this form is collected under the authority of the Public Transportation and Highway Improvement Act, and is used to determine eligibility for the use of Handi-Transit. For further information, please contact the Freedom of Information Co-ordinator, c/o The Corporation of the City of Greater Sudbury, 200 Brady Street, PO Box 5000 Station "A" Sudbury ON P3A 5P3 (705) 671-2489.

FOR OFFICE USE ONLY

Application:	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved
If Temporary, Approved Until:	_____	
Authorized By:	_____	
Date:	_____	