SPECIALIZED TRANSIT – APPLICATION FORM

Both Part A and Part B must be completed in order for your application to be considered.

Please return the completed form to the address listed below.

Service Provider – Landmark Transportation Ltd.

1940712 o/a Landmark Student Transportation Ltd
50 Sanford Fleming Road
Collingwood, Ontario
L9Y 4V7
Phone: (705)446-1196
Fax: (705)443-4077

Email: Reserve.ST@landmarkbus.com

Specialized Transit service is intended for those persons who, due to a functional limitation, cannot board, ride or disembark from the respective Municipal Accessible Conventional Fixed-Route System.

The respective Municipal Accessible Conventional Fixed-Route Transit buses are all Accessibility for Ontarians with Disabilities Act (AODA) compliant. Every bus has a wheelchair lift or ramp and tie-down locations to accommodate two wheelchairs or powered wheelchairs. Due to space restrictions, mobility scooters are not permitted on the accessible conventional transit buses.

In order to ensure that the service is available to those that need it, Specialized Transit applicants are required to demonstrate why they are unable to use the Accessible Conventional Fixed-Route Transit Service.

The information provided on this application is of a confidential manner, and is for the sole use of consideration of service on the Specialized Transit Systems in the Township of Clearview, Town of Collingwood and the Town of Wasaga Beach. It is protected from access by the Freedom of Information and Protection of Privacy Act, 1990.

This application is subject to review by the Municipal Transit Representatives and Service Provider and any other persons deemed appropriate at any time.

Approved applications will be effective for three (3) years.

If you have any questions or need assistance, please call the Service Provider, Landmark Student Transportation Ltd. at (705)446-1196.

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HOW TO APPLY FOR SPECIALIZED TRANSIT SERVICE:

Fill out Parts A and B 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) in a sealed envelope to the Service Provider or respective Municipality to which the applicant resides.

The Service Provider will notify you of your eligibility. If we require additional information, you may be requested to provide us with more information about your disability and how it affects your use of the respective Municipal Accessible Conventional Fixed-Route Systems. The Service Provider and/or Municipality may also determine that you require a Support Person in order to use the Specialized Transit Service.

If you have not been notified within 14 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.

Part A: Applicant Information **(To be completed by the applicant)**

Please type or print clearly

1. Contact Information

First Name *Middle Name* *Last Name*

_____ _____ _____

House # *Street Name* *Unit # (if applicable)*

_____ _____ _____

Town *Province* *Postal code*

_____ _____ _____

Home Phone # *Daytime Contact #* *TTY/TDD # (if applicable)*

_____ _____ _____

E-mail address

_____

2. Date of Birth Month _____ Day _____ Year _____

3. In case of emergency, please notify

Name _____

Relationship to you Contact _____

Telephone # _____

4. Bus Stop (Choose only one)

____ I can always get to and from a bus stop

____ I can never get to and from a bus stop

____ I can get to and from a bus stop only if (check all that apply)

- ____ I have a support person with me
- ____ I need to travel less than _____ meters to and from bus stop
- ____ I am familiar with the area
- ____ There are curb cuts along the route to the stop
- ____ There is a sidewalk
- ____ The ground is level or only slightly inclined

____ The path is free of ice, snow or debris

____ Other_____

5. Waiting at a bus stop (Choose only one)

____ I can generally wait outside at a bus stop

____ I cannot wait outside at a bus stop

____ I can wait outside at a bus stop only if (check all that apply)

____ There is a bench

____ There is a shelter

____ The wait is no longer than _____ minutes

____ Other _____

6. Using Accessible Conventional Fixed-Route Transit Bus. (Choose only one).

____ I can independently recognize my destination and leave the vehicle

____ I cannot independently recognize my destination and leave the vehicle

____ I can recognize my destination and leave the vehicle only if (check all that apply)

____ The driver announces my stop

____ Other _____

7. I can ride the Accessible Conventional Fixed-Route Transit Bus only if (Check all that apply)

____ I have a support person with me ____ I am familiar with the routes

____ Every bus stop on my route is accessible ____ A seat is available

Other _____

8. Will you use any of the following when you ride Specialized Transit? (Check all that apply)

____ Manual Wheelchair ____ Service Animal

____ Powered Wheelchair ____ Cane

____ Oxygen Bottle ____ White Cane

____ Mobility Scooter ____ Prosthesis

____ Walker ____ Communications Board

____ Hearing aid(s) ____ Crutches

Other _____

*Mobility scooters are restricted to 0.76 m (30 inches) wide x 1.23 m (48 inches) long

9. Do you require a support person when you travel?

____ Yes _____ No If yes, please explain:

_____

10. If you use a wheelchair or scooter can you transfer to a car or bus seat without assistance?

____ Yes ____ No _____ Sometimes (please explain)

_____

11. What is your disability and how does it affect your ability to use the Municipal Accessible Conventional Fixed Routes?

(please provide any information that you feel would help)

12. I hereby certify that to the best of my knowledge, the information given above is correct and I authorize the health care professional named on Part B to provide information to the respective Municipality and Service Provider.

If new information is received regarding a change in my functional ability, my eligibility status may be reviewed.

_____ _____

Signature of applicant Date mm / dd / yyyy

If you are NOT the applicant, but have completed this application the applicant's behalf you must provide the following information

First Name *Middle Name* *Last Name*

_____ _____ _____

House # *Street Name* *Unit # (if applicable)*

_____ _____ _____

Town *Province* *Postal code*

_____ _____ _____

Home Phone # *Daytime Contact #*

_____ _____

Relationship to the Applicant

_____

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

_____ _____

Signature Date mm / dd / yyyy

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

When Part B has been completed, mail or deliver both parts A and B to the Service Provider or the Municipality in which you reside.

Service Provider

1940712 o/a Landmark Student Transportation
Ltd 50 Sanford Fleming Road,
Collingwood, Ontario
L9Y 4V7
Phone: (705)446-1196
Fax: (705)443-4077

Email: Reserve.ST@landmarkbus.com

Partner Municipalities

Township of Clearview
217 Gideon Street
Stayner, ON L0M 1S0
Phone: (705) 428-6230
Fax: (705) 428-0288
Email: dperreault@clearview.ca

Town of Collingwood
97 Hurontario Street
P.O. Box 157
Collingwood, Ontario
L9Y 3Z5
Phone: (705) 445-1030
Fax: (705) 445-2448
Email: townhall@collingwood.ca

Town of Wasaga Beach
150 Westbury Road
Wasaga Beach, Ontario
L9Z 2N8
Phone: (705) 429-2540
Fax: (705) 429-8226
Email: publicworks@wasagabeach.com

Part B: Doctor's Note or Health Document by your Health Care Professional

Specialized Transit service is intended for those persons who, due to a functional limitation, cannot board, ride or disembark from the respective Municipal Conventional Fixed Route Systems.

In order to satisfy Part B requirements, a Doctor's Note or Health document from a Licensed Health Care Professional is required. A Licensed Health Care Professional includes, but is not limited to a Physician, Optometrist, Therapist or Practitioner.

If there is any other effect(s) of the disability that Municipality and/or Service Provider should be aware of, the Licensed Professional should advise of the same in the aforementioned note or document.

** *The Doctor's Note or supporting Health Document should also specify the expected duration if the disability is deemed temporary or conditional.*

Any document filed in support of this application are deemed privileged – subject to the confidentiality provisions of the Freedom of Information and Protection of Privacy Act.