

Application for Accessible Transportation

Accessible Transportation at the Region of Peel provides a variety of services to help you travel. Depending on your circumstances and the nature of your disability, you may qualify for one or more of our programs.

- **TransHelp** is intended for people residing in the Regional Municipality of Peel who use a mobility aid and are physically unable to board public transit vehicles due to functional mobility problems.
- **Passenger Assistant Program** is intended for people who are physically able to board a bus but who require assistance while in transit, and who are traveling to day and work programs within the Region of Peel.
- **Taxi Scrip** is a program intended for people living in the Region of Peel whose disability significantly impacts their ability to travel spontaneously. It is a subsidized taxi program. Taxi coupons worth \$40.00 are sold for \$25.00. Photo ID is required before the start of this program.

In addition to the programs offered above, we can provide Travel Training to those interested in learning about the accessible features of Mississauga Transit and Brampton Transit

Please complete this form in full and have your Health Care Provider fill out Section B. If you have trouble completing your form, please don't hesitate to contact us at (905) 791 1015. Completed forms can be returned to:

Accessible Transportation
3190 Mavis Road
Mississauga, ON L5C 1T9
www.peelregion.ca/TransHelp

Fax: 905 277 5864

Email: accessibletransportation@peelregion.ca

Phone: 905 791 1015

Notice With Respect to the Collection and Use of Personal Information.

(Municipal Freedom of Information and protection of Privacy Act, R.S.O. 1990, c. M. 56

Personal information is collected and used under the authority of the Municipal Act, 2001. S.O. 2001, c.25 as amended and the Accessibility for Ontarians with Disabilities Act, 2005, as amended and will be used to determine eligibility of passengers for a supported transportation service. Questions or complaints about the collection, use or disclosure of the information should be directed to the Regional Municipality of Peel, Accessible Transportation 3190 Mavis Road, Mississauga (905) 791 1015 ext. 6029

Name of Applicant: _____

Information about your Disability

Please describe your disability and how it impacts your ability to travel. Please include any important health related concerns you have:

Do you use any one of the following mobility aids. Please identify?

- Wheelchair Standard Extra Wide Extended Foot Rest
- Electric Wheelchair Standard Extra Wide Extended Foot Rest
- Scooter Standard Extra Wide Extended Foot Rest
- Walker Standard Foldable Non-foldable
- Cane White Cane Braces
- Service Animal Quad Cane Crutches
- Oxygen Tank

Can you transfer to a four-door sedan without driver assistance? Yes No

Are you able to sit closely next to other passengers on board a bus or van? If no, please tell us why. Yes No _____

Name of Applicant: _____

Can you travel alone? Yes No

Please note that someone 16 years of age or older is required to travel with you if you cannot independently recognize your destination, cannot be alone during travel, or cannot inform the driver of a drop-off at the wrong location.

Where are you traveling regularly?

- Medical Appointment Dialysis Social Education
 Employment Day Program

Do you have any health care needs that the transportation service provider should be made aware of?

- Seizures Heart Condition (please specify: _____)
 Alzheimer's Diabetes
 Respiratory

I hereby certify that the information provided in Section A is to the best of my knowledge true and the information I provided is correct. I consent to having this information collected and used to assess my eligibility for service(s) in the Region of Peel.

Signature of Applicant: _____ Date: _____

Please note, you do not have to fill out section B if you are currently a non-resident of the Region of Peel and a registered user of another para transit service.

Completed applications, (both sections A and B) may be sent via mail, fax, email or dropped off to:

Accessible Transportation

3190 Mavis Road
 Mississauga, ON L5C 1T9
 Fax: (905) 277 5864
 Email: accessibletransportation@peelregion.ca

DROP OFF ONLY

Access Peel
 10 Peel Centre Drive, Suite B
 Brampton ON L6T 4B9

SECTION B

Name of Applicant: _____

To Be Completed by Health Care Provider

You have been asked to support an application for Accessible Transportation in the Region of Peel. Accessible Transportation is available in many forms, depending on the nature of each applicant's disability. You have been asked to support this application by acknowledging the applicant's description of disability in Section A of this form.

There are also different kinds of eligibility including seasonal, temporary and permanent. Please indicate which eligibility you support.

We are also happy to help answer any questions you may have as a Health Care Professional about transportation options or this form. Please contact us at (905) 791 1015 ext. 6029 for more information.

To be completed by Health Care Provider

Name: _____ Registration # _____

Professional Designation: _____

Address: _____

City: _____ Postal Code: _____

Telephone: _____

Please review section A, completed by the applicant.

Does the applicant require a door to door transportation service due to the nature of their disability?

Yes No

What is the expected duration of this disability?

Temporary: Expected duration _____

Permanent

Seasonal: (Limitation impacted by ice/snow/heat conditions)
Please provide details _____

I hereby certify that the information I have provided and that the applicant has provided is accurate and complete to the best of my knowledge.

Signature: _____ Date _____

