



# THE GEORGIAN HANDIVAN

## General Information



### ▪ ***Who is eligible to use the service?***

Any resident of the Town of Meaford who is physically disabled or has mobility limitations due to age or infirmity.

### ▪ ***What can I use this service for?***

- Going to work
- Appointments or Meetings
- Shopping
- Recreation
- Visiting friends
- Going anywhere between Collingwood and Owen Sound

### ▪ ***Do I have to go alone?***

An attendant or companion is automatically eligible to use the HandiVan when they accompany a handicapped person.

### ▪ ***When the Van arrives.....***

- ✓ Be ready to board
- ✓ Show your eligibility card and pay your fare
- ✓ The driver will assist you in getting on and off the Van, if required

#### SUPPORTED BY:

- ❖ The Municipality of the Town of Meaford
- ❖ The Georgian HandiVan Association ( a non-profit charitable corporation)



# THE GEORGIAN HANDIVAN

A Transportation Service for the Physically Handicapped



## ELIGIBILITY APPLICATION

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*(Street Address or Rural 911 Number)*

Mailing Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
*(if different from above)*

Town: \_\_\_\_\_

In case of Emergency, Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Eligibility Criteria

1. Are you physically able to climb and / or descend stairs? Yes [ ] No [ ]

2. Are you physically able to walk 150 meters? Yes [ ] No [ ]

3. Please state the physical condition which inhibits your mobility:

\_\_\_\_\_

4. For what period will you require the special transit service:  
Permanently \_\_\_\_\_ or (Length of Time) \_\_\_\_\_

5. Do you use mobility aids? Yes [ ] No [ ]

If yes, check appropriate box

Wheelchair [ ] Scooter [ ] Walker [ ] Cane [ ] Crutches [ ] Leg Braces [ ]

Other (Describe): \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_ Date \_\_\_\_\_

You may be asked to have your physician or community health worker to complete an additional form

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### **THIS SECTION TO BE FILLED OUT BY THE ELIGIBILITY COMMITTEE**

Approved: \_\_\_\_\_ Card Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Personal information contained in this form is collected pursuant to the "Municipal Transit Manual for Specialized Services" issued by the Ministry of Transportation and will only be used for the purpose of processing the application. All personal information is protected under the *Municipal Freedom of Information Act, 1989*