



## ${\it Transportation} \; {\it For} \; {\it The Physically Disabled}$

## Application for Mobility Bus Service

Please return completed application form to City of Belleville, Transit Services, 400 Coleman Street, Belleville, Ontario K8P 3J4

This section to be co	mpleted by Applicant				
Name:			Date of Birth:		
Address:			Apt :		
City:	Postal Code: _		Telephone No		
Why are you unab	le to use regular City	y Transit system	?		
<b>DO YOU USE:</b> (Please check)	Wheelchair	Walker	Scooter	Cart □	
	Crutches   Cane   Other (please describe)				
TYPE OF TRIP: (Please check)	Employment	School	Medical	Shopping	
	Recreation   Probable number of trips per week				
l, the applicant, de	clare the information	n given herein is	truthful and accurat	e.	
Applicant's Signature:			Date:		
				**************************************	
	pplicant is physically u			tem	
-	pplicant requires an a			☐ Yes ☐ No	
Is disability permar	nent? Yes  No	☐ If tempora	ary, for how long?		
Professional's Nan	ne:	·	Title:		
Troressionars rvan		se print)	1100		
Address:	ddress: City:			tal Code:	
	_				
Telephone No	Co	mments:			
Professional's Signature:			Date:		
	empleted by City of Bel		***********	*******************	
Approved				Date	
-		•	anager - Transit		

Personal information on this form is collected under the authority of the Municipal Freedom of Information and Privacy Protection Act and will be used to assess the individual's qualifications for transportation for the physically disabled and will remain confidential.





## Transportation For The Physically Disabled

## Guidelines for Mobility Bus Service

Criteria for eligibility to use the Mobility Bus service shall be the inability to physically board the regular City Transit system. Each application will be considered on an individual basis. Please understand that if the applicant is unable to care for his/her personal needs an Attendant will be required as the Mobility Bus Operator cannot provide assistance in that regard.

Applicants must reside within the following boundaries. The Mobility Bus will only operate within these geographical limits. Mobility Bus service is <u>curb-to-curb</u> only.

- Bay of Quinte in the south
- Haig Road in the east
- Wallbridge-Loyalist Road in the west (south of Hwy #401)
- Hwy #37 in the east (north of Hwy #401)
- Hwy #62 in the west (north of Hwy #401)
- Ducette Road and Mudcat Road in the north

Trip priorities will be as set forth by the Council of the Corporation of the City of Belleville and will be adhered to. Trip priorities are as follows:

- 1. Employment
- 2. School
- 3. Medical
- 4. Shopping
- 5. Recreation

All applications for Transportation for the Physically Disabled must be signed by a Physician, Occupational Therapist or other Health Care Professional, and returned to Transit Services for processing at the following address:

Transit Services 400 Coleman Street Belleville, Ontario K8P 3J4

Once eligibility has been authorized by the City of Belleville, an Identification Card will be mailed to the user. The Mobility Bus Identification Card must be available to the Operator of the Mobility Bus.

Mobility Bus Identification Cards are valid for a 2-year period as indicated on the card. A renewal application will be required upon expiration.

If you have any questions, please contact Transit Services at 613-962-1925.

Application Form for Mobility Bus Service on reverse side.