

PLEASE PRINT

1. Updated personal information

Last name		First name		
No.	Street	Apt. no.	City/sector	Postal code
Name of residential facility (if applicable)		Room no.	Health insurance no.	
Telephone no.	Home	Work	Cell	
E-mail address				

2. Has your medical condition changed recently to affect your ability to travel with paratransit service?

3. What aid(s) do you regularly use to move about easier outside?

4. Please specify the size of your wheelchair (motorized and manual) or scooter:

1. Maximum height from the ground to the highest part (chair or person's head): _____

2. Maximum length from the rearmost to the foremost point, including the person's feet: _____

3. Maximum width of the chair: _____

5. Emergency contact persons

Last name		First name	
Telephone no.	Home	Work	Extension
Cell	E-mail address		
Relationship to the applicant		Name of residential facility (if applicable)	

Would you like to add the information for another person to contact in case of an emergency?

Last name		First name	
Telephone no.	Home	Work	Extension
Cell	E-mail address		
Relationship to the applicant		Name of residential facility (if applicable)	