



APPLICATION FOR PARATRANSIT

Part 1 – General information

This part must be filled out by the applicant himself, by any other person designated by him or by the authorized person (his legal representative) if the applicant is unable to act.

The information provided is confidential and for the sole use of the eligibility committee.

PLEASE PRINT

1. Identification of the person

| | | | | | |
|---|--------|------------|---------------|----------------------|-------------------------------------|
| Family name | | Given name | | | |
| Home address | No | Street | Apartment no. | Municipality | Postal code |
| Name of institution where the person lives (if any) | | | | | Room no. |
| Téléphone no. | | Home | Office | Health Insurance no. | |
| Sex | Weight | | Height | | Birthdate |
| <input type="checkbox"/> Female <input type="checkbox"/> Male | | | | | Year Month Day / / / |

2. **What is your main impairment ?** _____

3. **Do you have other impairment ?**

No Yes, specify ? _____

4. **What aid do you regularly use to make it easier for you to move about outside ?**

- | | | |
|--|---|--|
| <input type="checkbox"/> Cane | <input type="checkbox"/> Manual wheelchair | <input type="checkbox"/> Long detection cane (white) |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Motorised wheelchair | <input type="checkbox"/> Guide dog |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> Scooter | <input type="checkbox"/> Assistance dog |
| <input type="checkbox"/> Other type of wheelchair, specify : _____ | | |
| <input type="checkbox"/> Other type of protheses ou ortheses : _____ | | |

* All wheelchairs and scooters must be equipped with four anchor hooks to permit them to be restrained securely to the floor of the adapted vehicles.

N.B. The content of this form is prescribed by the ministère des Transports du Québec.

5. If you are accepted for paratransit service, will you always have to be escorted ?

No Yes, all that times Why ? _____

6. Do you have children 13 years of age or younger for whom you are responsible ?

No Yes

| | | |
|-------|-------|-------------------|
| Name | | Date of birth |
| _____ | _____ | _____/_____/_____ |
| _____ | _____ | _____/_____/_____ |
| _____ | _____ | _____/_____/_____ |

7. Do you use any equipment to facilitate your communications ?

Teletype machine Fax Internet
 Other devices, specify _____

You may attach any additional information regarding your eligibility for paratransit services or travel using such services.

8. If the applicant has not filled out this section himself, please identify the person who filled it out for him.

| | | | |
|-----------------------------|------------------------------|--------|-----------|
| Name | Given name | | |
| Telephone no. | Home | Office | Extension |
| Relationship with applicant | Name of institution (if any) | | |

9. Contact person for emergency

| | | | |
|-----------------------------|------------------------------|--------|-----------|
| Name | Given name | | |
| Telephone no. | Home | Office | Extension |
| Relationship with applicant | Name of institution (if any) | | |

MANDATORY SIGNATURE

I certify that the information given is accurate, and I authorize the acceptance committee to contact the people who must fill out the other parts of the form.

Signature _____ Date _____ Year _____ Month _____ Day _____

N.B. The content of this form is prescribed by the ministère des Transports du Québec.