



COLD LAKE ADAPTIVE TRANSPORTATION SERVICES APPLICATION

Cold Lake Adaptive Transit Service (CLATS) is a ride-shared transportation service for people with permanent, temporary, or intermittent disability within the City of Cold Lake. Medical appointments are the priority. To apply for this service, complete the application and return to Cold Lake and District FCSS at 5220 - 54 Street Monday-Friday 8:30am-4:30pm or mail to Cold Lake and District FCSS, c/o City of Cold Lake at 5513-48 Avenue, Cold Lake, AB T9M 1A1

SECTION 1: APPLICANT INFORMATION

Full Name (please print):

Birth Date:

Age:

Gender: ☐ Male ☐ Female ☐ Other

Address:

Unit Number:

Phone Number:

Email Address:

Location (select one): ☐ Cold Lake North ☐ Cold Lake South

Residence Type: ☐ House ☐ Basement Suite ☐ Duplex ☐ Townhouse ☐ Apartment ☐ Mobile Home ☐ Other:

Building Name (if applicable):

Pick up Door: ☐ Front ☐ Back ☐ Side ☐ Garage ☐ Other:

Is this application for temporary service? ☐ Yes ☐ No

How often will you require service? ☐ Daily ☐ Weekly ☐ Monthly ☐ Winter Only ☐ All Year Around

Who should we contact with questions or updates related to the application? ☐ Applicant ☐ Emergency Contact ☐ Either

SECTION 2: EMERGENCY CONTACT INFORMATION

In case of an emergency, the City of Cold Lake should contact:

Name:

Relationship to Applicant:

Address:

Unit Number:

Phone Number:

Alternative Number:

Does this person have a key to your residence: ☐ Yes ☐ No

SECTION 3: ADDITIONAL PARTIES

Please complete this section if someone else completed this form on behalf of the applicant (family, advocate, guardian, or health/social services practitioner)

Name (please print):

Relationship to Applicant:

Address:

Mailing Address (if different):

Phone Number:

Email Address:

Signature:

Date:

5513 48 Avenue, Cold Lake, AB • T9M 1A1 • Ph: 780-594-4494 • Fax: 780-594-3480

Information on this form is collected for the sole use of the City of Cold Lake and is protected under the authority of the *Freedom of Information and Protection of Privacy Act*, Sec. 33 (c), which regulates the collection, use, and disclosure of personal information. If you have any questions or concerns, please contact the FOIP Coordinator by email (legislative@coldlake.com) or phone (780) 594-4494 ext. 7915.

SECTION 4: RELEASE OF LIABILITY, WAIVER, CLAIMS, AND INDEMNITY AGREEMENT

In consideration of travelling on the City of Cold Lake Adaptive Transportation Service, I, _____, hereby agree as follows:

To Waive any and all claims that I have, or may have in the future, against the City of Cold Lake and Cold Lake and District FCSS, their staff, contractors, volunteers, agents, and representatives (all of whom are hereinafter collectively referred to as "the City"). **To release the City** from any and all liability for any losses, damage, injury, or expense that I may suffer, or that my next of kin may suffer, as a result of my participation with Cold Lake Adaptive Transportation due to any cause whatsoever. **To hold harmless and indemnify the City** from any and all liability for any damage to property, of, or personal injury to, any third party resulting from me travelling on the City of Cold Lake Adaptive Transportation Services. That this Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, and assigns in the event of death. In signing below, I agree that I have been provided a copy of the CLATS Handbook and understand the rules and regulations governing its operation.

Applicant Signature: _____

Date: _____

SECTION 5: HEALTH CARE PROFESSIONAL VERIFICATION

Section 4, 5 and 6 of the Application form **MUST** be completed in full and signed by a qualified health care practitioner (Physician, Occupational Therapist, Physiotherapist, Surgeon, Physical Therapist, Podiatrist, Nurse Practitioner, or Chiropractor) familiar with the disability. Charges for completing this form or for obtaining additional information are the responsibility of the Applicant.

Name of Applicant: _____

What is the Applicant's primary diagnosis? _____

Is the Applicant's disability or health condition ☐ Physical ☐ Cognitive ☐ Both

Can the Applicant be left unattended at their destination? ☐ Yes ☐ No

In your opinion should the Applicant travel with an attendant? ☐ Yes ☐ No If yes, please explain: _____

Does the Applicant use any of the following aids?

- | | | |
|---|--|---|
| <input type="checkbox"/> Walking Cane | <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Communication Device |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Interpreter | <input type="checkbox"/> Crutches |
| <input type="checkbox"/> Service Animal | <input type="checkbox"/> Leg Braces | <input type="checkbox"/> Personal Attendant |
| <input type="checkbox"/> Scooter | <input type="checkbox"/> Long White Cane | <input type="checkbox"/> Prosthesis |
| <input type="checkbox"/> Oxygen Tank | <input type="checkbox"/> Hearing Aid | <input type="checkbox"/> Power Wheelchair |
| <input type="checkbox"/> Other: _____ | | |

All mobility aids must be kept in good repair at all times, or they cannot be accommodated on the Cold Lake Adaptive Transit bus. If the Adaptive Transit operator cannot properly secure your mobility aid, the operator will use their discretion in determining the passenger's safety and may not be able to provide you with service. The maximum base dimensions of mobility aid equipment are 30x40 inches. The combined weight of the equipment and passenger cannot exceed 750lbs (340KG)

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SECTION 6: HEALTH CARE PRACTITIONER CONTACT INFORMATION

Name of Practitioner or Provider:

Professional Designation:

Practice Name:

Business Address:

Unit Number:

City:

Postal Code:

Phone Number:

Fax Number:

SECTION 7: SEATBELT EXEMPTION (**MUST** be signed by a qualified health care practitioner)

Pursuant to Alberta Regulations 122/2009, Highway Traffic Act, Seatbelt Regulation Section 82 of the Act does not apply to a person, in respect of that person, if there is a certificate signed by a duly qualified medical practitioner certifying that the person:

- A) Is, for the period stated in the certificate, unable for medial reasons to be secured in a child seating assembly or seatbelt assembly, as the case may be.
- B) Is because of size, build or other physical characteristics, unable to be secured in a child seat assembly or seatbelt assembly, as the case may be.

Does the Applicant's disability, health condition, or equipment restrict their ability to wear a seatbelt during transportation?

☐ Yes ☐ No If yes, please explain:

In my opinion should the Applicant be seatbelt exempt? ☐ Yes ☐ No If yes, please explain:

I, _____, certify that I am a qualified health care practitioner (Physician, Occupational Therapist, Physiotherapist, Surgeon, Physical Therapist, Podiatrist, Nurse Practitioner, or Chiropractor) familiar with the Applicant's disability. I am of the opinion that the Applicant is in need of the Cold Lake Adaptive Transportation Service due to a condition or limitation that prohibits their ability to access an alternative means of transportation.

Practitioner or Provider Signature:

Date:

OFFICE USE ONLY

Received By:

Date:

FCSS Manager Signature:

☐ Approved ☐ Rejected