



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: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other |
| Address: | | Unit Number: |
| Phone Number: | | Cell Phone Number: |
| Email Address: | | |
| Location (select one): <input type="checkbox"/> Cold Lake North <input type="checkbox"/> Cold Lake South | | |
| Residence Type: <input type="checkbox"/> House <input type="checkbox"/> Basement Suite <input type="checkbox"/> Duplex <input type="checkbox"/> Townhouse <input type="checkbox"/> Apartment <input type="checkbox"/> Mobile Home <input type="checkbox"/> Other: | | |
| Building Name (if applicable): | | |
| Pick up Door: <input type="checkbox"/> Front <input type="checkbox"/> Back <input type="checkbox"/> Side <input type="checkbox"/> Garage <input type="checkbox"/> Other: | | |
| Is this application for temporary service? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| How often will you require service? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Winter Only <input type="checkbox"/> All Year Around | | |
| Who should we contact with questions or updates related to the application? <input type="checkbox"/> Applicant <input type="checkbox"/> Emergency Contact <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> 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: 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, Licensed Optometrist 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 health condition(s) or disability that prevents them from using the regular transit system?

Is the Applicant's condition(s) or disability: Physical Cognitive Both

Does this condition affect the applicant's: Vision Memory Behaviour Perception Balance Other:

What is the Severity of the condition(s) or disability: Mild Moderate Severe Other:

Is the Applicant's condition(s) or disability: Temporary Permanent Intermittent

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"/> Walker | <input type="checkbox"/> Service Animal | <input type="checkbox"/> Scooter |
| <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Interpreter | <input type="checkbox"/> Communication Device | <input type="checkbox"/> Crutches |
| <input type="checkbox"/> Personal Attendant | <input type="checkbox"/> Leg Braces | <input type="checkbox"/> Oxygen Tank | <input type="checkbox"/> Long White Cane |
| <input type="checkbox"/> Prosthesis | <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)

SECTION 5: 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:

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 6: 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



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.