



Accessible Transit Application Form

Note: Completion of this form will be considered an application for Ride Well accounts to be given access to two-week advanced bookings to ensure passengers with physical disabilities have access to accessible vehicles that can accommodate them. (All other rides can only be booked one week in advance.)

Section 1: Personal Information

To be completed by the applicant or their designate.

First Name	
Last Name	
City/town/municipality	
Phone (primary)	
Phone (alternate) (optional)	
Email	
Long-term care facility (if applicable)	
Emergency contact name	
Emergency contact phone/email	

Designate Contact Information (if applicable)

Please complete this section if you prefer all transportation communication to go through a designated contact.

First Name	
Last Name	
Phone (primary)	
Phone (alternate)	
Email	

Physical Disability Information

Please describe any circumstances or factors which prevent you from using a conventional Ride Well vehicle (physical limitations, mobility issues etc.). Note: Unavailability of conventional transit does not constitute eligibility for accessible transit.

Do you use any of the following mobility aids? Check all that apply

<input type="checkbox"/> Manual wheelchair <input type="checkbox"/> Extra wide <input type="checkbox"/> Extended foot rest	<input type="checkbox"/> Walker <input type="checkbox"/> Foldable <input type="checkbox"/> Non-foldable	<input type="checkbox"/> Oxygen tank
<input type="checkbox"/> Power wheelchair <input type="checkbox"/> Extra wide? <input type="checkbox"/> Extended foot rest	<input type="checkbox"/> Cane <input type="checkbox"/> Quad cane <input type="checkbox"/> White/red cane	<input type="checkbox"/> Braces
<input type="checkbox"/> 3-wheel Scooter <input type="checkbox"/> Extra wide <input type="checkbox"/> Extended footrest	<input type="checkbox"/> Prosthesis	<input type="checkbox"/> Other:

Authorization

I hereby certify that the information provided in Section 1 is, to the best of my knowledge, true and accurate, and I authorize the County of Wellington to use this application to assess my eligibility.

I also authorize the signing medical/health care professional to release the information requested in Section 2 to the County of Wellington for purposes of determining eligibility.

Signature:

Date:

Section 2: Medical/Healthcare Professional Information

To be completed by a Medical/Healthcare Professional

You have been asked to support an application for **Accessible Transit** by acknowledging the applicant's description of disability in Section 1.

Medical/Healthcare Practitioner Contact information

First Name	
Last Name	
Clinic/Office Street Address	
City/town	
Phone (primary)	
Phone (alternate)	
Email	

Check which best describes you:

- | | |
|--|---|
| <input type="checkbox"/> Licensed physician | <input type="checkbox"/> Certified psychology/psychiatrist |
| <input type="checkbox"/> Licensed therapist | <input type="checkbox"/> Registered nurse |
| <input type="checkbox"/> Licensed chiropractor | <input type="checkbox"/> Licensed optometrist/ophthalmologist |
| <input type="checkbox"/> Registered occupational therapist | <input type="checkbox"/> Registered Physiotherapist |
| <input type="checkbox"/> Licensed Pharmacist | <input type="checkbox"/> Other (please specify): |

Physical Disability Information

Please describe how the applicant's mobility is affected:

Check only one of the following:

- Applicant can always travel unassisted approximately 175 meters.
- Applicant can never travel 175 meters unassisted.
- Applicant could travel 175 meters only if (check all that apply):
 - They have an attendant with them
 - They are familiar with the area
 - There are curb cuts at the destination
 - There is a sidewalk
 - The ground is level or only slightly inclined
 - The path is free of ice, snow, debris
 - They have a mobility aid (ex. Wheelchair, scooter, etc)
 - Other (please specify):

How would you categorize the applicant's eligibility?

- Temporary (including any seasonality or specific appointment requirements) – Please list the expected duration and any additional details:
- Permanent

Universal Support Person (USP)

Accessible transit drivers assist passengers from one accessible door to another accessible door, but **do not** provide onboard care or assist passengers beyond the accessible entrance of their pick-up or drop-off location. If any of the below answers are no, we may require an attendant join you onboard your vehicle free of charge.

In order to travel unaccompanied on accessible transit, is the applicant able to independently:

a) Recognize their destination and communicate to the vehicle operator if they are about to be dropped off at the wrong location.

- Yes No Occasionally

b) Get help if they are dropped off at the wrong location

- Yes No Occasionally

c) Be safely left unattended on the vehicle with other riders when the operator is away from the vehicle (i.e. they are not at risk of exiting the vehicle and wandering).

- Yes No Occasionally

d) Transfer in/out of a vehicle without assistance

- Yes No Occasionally

e) If applicable, maneuver their mobility device to travel to and from the vehicle

- Yes No Occasionally

Are there any other reasons why you feel the applicant requires a support person when travelling with accessible transit? Please specify:

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Attendant Contact Information

First Name	
Last Name	
Phone (primary)	
Phone (alternate)	
Email	

Authorization

I hereby certify that the information provided in Section 2 is, to the best of my knowledge, true and accurate, and I authorize the County of Wellington to use this application to assess the applicant's eligibility.

Signature (Medical/Healthcare practitioner):

Date:

Submitting Your Accessible Transit Application Form

1. Upload a copy of your Accessible Transit Application Form completed in full to <https://www.wellington.ca/form/ride-well-accessible-transit-app>.
2. Mail a copy of your completed form to the following address:

County of Wellington – Economic Development
74 Woolwich St
Guelph, ON N1H 3T9

You will be contacted by phone or email once your eligibility for two-week advance booking is confirmed. If more information is needed, we may follow up with you.

Notice of Collection

The County of Wellington collects personal information through this application form for intake and verification purposes related to physical disabilities and the use of mobility aids for the Ride Well programme. In accordance with data minimization practices, only the necessary information will be retained, and the remainder of the form will be securely destroyed after processing. The information retained will be used solely to support the provision of accessible transportation services through the Ride Well programme, and may be used to contact you or your designated emergency contact in the event of an emergency.

Personal information collected by the County of Wellington will be protected by the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA). Questions regarding the collection, use and disclosure of this information can be directed to the Manager of Privacy and Information at 519.837.2600 x2528.