



Hub Transit Disability Card Application



This application is limited to eligible persons residing within the Municipality of Sioux Lookout.

SECTION 1 – PERSONAL INFORMATION

NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____ PHONE (HOME): _____ (CELL) _____

PREFERRED LANGUAGE: ENGLISH FRENCH OTHER (SPECIFY) _____

SECTION 2 – DISABILITY SELF-IDENTIFICATION

PERMANENT TEMPORARY - PLEASE NOTE DURATION _____

SUPPORT PERSON REQUIRED: YES NO

EXPECTED # OF TRIPS PER WEEK: _____ TIME OF DAY: A.M. P.M.

DO YOU USE: WHEELCHAIR CRUTCHES CANE WALKER

OTHER _____

EMERGENCY CONTACT PERSON: _____

RELATIONSHIP: _____ PHONE (HOME): _____ (CELL) _____

ELIGIBILITY CRITERIA

Eligibility criteria is based on functional mobility, disabilities, and medical conditions that limit an individual's ability to use other forms of public transportation available in Sioux Lookout. **Please check all that apply:**

- UNABLE TO WALK A DISTANCE OF 175m COGNITIVE DISABILITY (DEMENTIA/ALZHEIMER'S/ETC)
- CONVALESCENCE (RECOVERING FROM AN ILLNESS OR MEDICAL TREATMENT)
- PHYSICAL DISABILITY (DESCRIBE) _____
- VISUAL DISABILITY (DESCRIBE) _____
- DEVELOPMENTAL DISABILITY (DESCRIBE) _____
- MEDICAL CONDITION (DESCRIBE) _____
- OTHER (DESCRIBE) _____

APPLICANT SIGNATURE: _____ DATE: _____

SECTION 3 – REFERRAL FROM PHYSICIAN (IF REQUIRED)

PLEASE NOTE: A referral from a physician may be required to support eligibility.

If requested by the Municipality, please have your medical professional sign below, verifying your disability.

NAME (PRINT): _____ DATE: _____

SIGNATURE: _____ PHONE: _____

SECTION 4 – GETTING YOUR CARD

Once your application is complete, please call the Municipality of Sioux Lookout's Human Resources Administrator at 807-737-2700 ext 2225 to schedule a time to review the application and have your Disability Card created.

Our office hours are from 9:00 a.m. until 4:00 p.m., Monday to Friday, excluding statutory and Civic holidays.

SECTION 5 – FOR OFFICE USE ONLY

COMMENTS: _____

SIGNATURE OF APPROVER: _____

DATE DISABILITY CARD ISSUED: _____

Pursuant to Freedom of Information and Protection of Privacy legislation, personal information contained in this form is being collected to determine eligibility to use Hub Transit's On-Call service at reduced rates under the authority of the Public Transportation and Highway Improvement Act. Personal information will remain confidential.