



Application for admission to paratransit

General information

Name: _____

Address : _____

Name of the establishment the person resides

(if applicable) : _____

Room number : _____

Home phone : _____

Mobile : _____

Résidential address : _____

Date of birth : ____/____/____

Health insurance number : _____

Spoken language : French ____ English ____

Other type of communication : _____

Additional information

Do you need help from a person (e.g. repositioning) on board of the vehicle during your trip ?

No ___ Yes ___

If applicable what type of help is needed? _____

Will you have to use one or more mobility aids when traveling by paratransit?

No ___ Yes___

Specify the aid or aids in question.

Walker ___ Wheel Chair___ Ambulator ___

Walking cane ___ Crutches ___ Other :_____

Service dog or assistance _____

(Certified by a recognised school)

Do you need an oxygen tank when traveling by paratransit?

No ___ Yes___

Is an escort mandatory for your trip?

(fees if applicable)

No ___ Yes ___

If applicable

Name : _____

Contact number: _____

Contact person in case of emergency :

Name : _____

Résidential phone : _____

Mobile : _____

Relationship with the applicant : _____

Applicant signature

Signature of the authorized person

We might require a copy of your Health insurance card