

Northumberland Transportation Initiative Application Form

**** Please note that NTI provides accessible transportation for wheelchairs and scooters since July 2009. ♿**

Name: (Last) _____ (First) _____

Address: _____

City: _____ Postal Code: _____

Requested pick up location: _____

Home Phone: _____ Cell/ Alternate Phone: _____

Emergency Contact Name: _____

Relationship: _____ Phone #: _____

Do you have an infant or children that may use this service? **Yes** ____ **No** ____

**** If Yes, please fill-in the information below:**

Child's Name (First/ Last)	Age	Car / Booster Seat Required (Yes/No)

**** NTI can provide an infant car seat or booster seat for any child less than 8 years of age.**

1. Do you use any of the following? Walker ____ Cane ____ Wheelchair ____ Scooter ____ Oxygen ____

Do you require an attendant? Yes ____ No ____

Can you transfer, without assistance from your wheelchair or scooter to a seat in order to travel? _____

2. Do you have a medical condition that the driver should be aware of? If so please explain:

3. Please provide any additional information that may assist us with serving you better.

4. What are your common needs for this transportation: (please check all that apply)

Employment ____ Doctors ____ Services ____ Recreational ____ Shopping/Banking ____
 Visiting ____

Other Agencies / Services Involvement

Example: Ontario works, ODSP, E.I, counseling, family/children's services, etc.

Agency / Service Name	Assistance Required	Days of the Week

I understand that Community Care Northumberland and NTI are organization generally providing service by caring volunteers, who, though dedicated and trained, are not professional drivers. Therefore I waive any claim or cause of action whatsoever, including any claim for injury or damage of any kind against Community Care Northumberland and/or the Northumberland Transportation Initiative, its volunteers, employees and trustees, arising from negligence of Community Care Northumberland and NTI, its volunteers, employees and trustees, or from any other cause.

Applicants Signature: _____ Date: _____

Parent/guardian Signature: _____ Date: _____

****Signature of parent/guardian is required for those applicants below the age of 16 years, or for those unable to complete this application on their own.**

Operated by: **Community Care**
 Northumberland

Please return this application in person, by mail or fax to:

Northumberland Transportation Initiative ó Project Coordinator
 11 King St. East P.O Box 33
 Colborne, Ont. K0K 1S0
 (located inside Downey Pharmacy)
Toll Free 1-866-768-7778 or 905-355-1444
 Fax 905-355-1805

FOR OFFICE USE ONLY

Date Received	Date Entered	Entered By
Applicant's Municipality		
<input type="checkbox"/> Hope <input type="checkbox"/> Port Hope <input type="checkbox"/> Hamilton <input type="checkbox"/> Cobourg <input type="checkbox"/> Alnwick/Haldimand <input type="checkbox"/> Cramahe <input type="checkbox"/> Trent Hills <input type="checkbox"/> Brighton		

