

Please submit completed applications to:  
**Development Services and Engineering – Transit**  
**50 Andrew Street South, Suite 300**  
**Orillia, ON L3V 7T5**

**Phone: (705) 325-3975**  
**Fax: (705) 329-2670**

<b>APPLICANT INFORMATION <i>(please print)</i></b>
Name _____
Address _____
_____ Postal Code _____
Telephone - Home _____ Other _____
Emergency Contact Information (will be recorded on the back of your card)
Contact Name _____
Relationship to Applicant _____
Telephone - Home _____ Other _____
<b><i>OWLS bus services are for persons who have physical mobility limitations.</i></b>
<b>MOBILITY DETAILS</b>
Mobility aids and devices used daily: (check all that apply)
Wheelchair – Manual _____ Electric _____ Scooter _____
Wheelchair/Scooter Model and Weight _____
OR
Walker _____ Crutches _____ Cane(s) _____
Under which circumstances would you use the above devices?
_____
I am physically <b>UNABLE</b> to: (must check all that apply)
<input type="checkbox"/> _____ Walk 175 meters (approximately 200 yards)
<input type="checkbox"/> _____ Climb 3 steps
<input type="checkbox"/> _____ Board a standard passenger vehicle
Will an attendant accompany you? Always _____ Sometimes _____ No _____
Name of attendant: _____ Tel. No. _____
Reasons for Use: (check all that apply)
Work _____ Medical _____ Dialysis _____ Social _____
Other _____
<b>Applicant Signature</b> _____ <b>Date</b> _____

**CERTIFICATION BY: REGISTERED HEALTH CARE PROFESSIONAL**

**This section is to be completed by the applicant's family physician or registered health care professional currently responsible for applicant's treatment.**

Name (Registered Health Care Professional) \_\_\_\_\_

Profession \_\_\_\_\_

Health Care Facility \_\_\_\_\_

Address: \_\_\_\_\_

Telephone \_\_\_\_\_

Recommend Applicant must have attendant: YES \_\_\_\_\_ NO \_\_\_\_\_

Comments:

I have reviewed the information provided by the applicant and confirm the mobility details are accurate. It is my opinion that this applicant be considered for eligibility status as follows:

Temporary \_\_\_\_\_ Expected Duration \_\_\_\_\_ Months

Permanent \_\_\_\_\_

Not eligible at this time \_\_\_\_\_

**Signature \_\_\_\_\_ Date \_\_\_\_\_**

**(Health Care Professional)**

Please Note:

Personal information contained on this form is collected under the authority of the Municipal Act RSO 1980, Chapter 302 and will be used to determine eligibility for use of the Orillia Wheelchair Limousine Service. Questions about this collection should be directed to the Development Services and Engineering Department, address and telephone number listed below.

Development Services & Engineering Department - Transit

50 Andrew Street South

Orillia, Ontario L3V 7T5

Telephone: (705) 325-3975

**For Office Use Only:**

**Application Review**                      **Approved**    **Denied**                      **Date** \_\_\_\_\_

**Comments**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Processed By:**

\_\_\_\_\_

**Approved By:**

\_\_\_\_\_

**Transit Contractor Notified - Date** \_\_\_\_\_

**Card No. Issued:** \_\_\_\_\_ **Expiry Date: (m/d/yr)** \_\_\_\_\_