



O.W.L.S

ORILLIA WHEELCHAIR LIMOUSINE SERVICE

RIDERSHIP APPLICATION

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
Email: transit@orillia.ca

PART A: APPLICANT INFORMATION *(please print)*

Please Check:

- New Applicant
- Existing Member (OWLS #) _____

Name: _____

Address: _____

_____ Postal Code: _____

Telephone – Primary: _____ Other: _____

OWLS bus services are for persons who have physical mobility limitations.

PART B: EMERGENCY CONTACT INFORMATION *(will be recorded on the back of your card)*

Name (Primary Contact): _____

Relationship to Applicant: _____

Telephone – Primary: _____ Other: _____

Name (Secondary Contact): _____

Relationship to Applicant: _____

Telephone – Primary: _____ Other: _____

PART C: MOBILITY DETAILS

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 **UNABLE** to: (must check all that apply)

- Walk 175 meters (approximately 200 yards)
- Climb 3 steps
- Board a standard passenger vehicle

Reasons for Use: (check all that apply)

- Work
- Medical
- Dialysis
- Social
- Other _____

Will an attendant accompany you?

- Always
- Sometimes
- No

Name of attendant: _____

Please explain the specific reasons why you need to be accompanied by an Attendant/Support Person:

Applicant Signature _____ **Date** _____

PART D: 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

PART E: SUPPORT PERSON APPLICATION

(for applicants that need a support person please have the support person fill out this section)

Please Check:

- New Applicant
- Existing Support Person (SPC #) _____

Name: _____

Address: _____

_____ Postal Code: _____

Telephone – Primary: _____ Other: _____

How long will this person need to have a Support Person Card in order to carry out their assigned duties? (Please check one)

- Permanent (Card expires after 4 years)
- Temporary – Expected Duration: _____
- Occasionally

Applicant Signature _____ **Date** _____

(Must be signed by support person)

Please Note:

Support Persons – Support persons apply to both conventional and specialized transportation services. Neither service can charge fares to support persons. People who need assistance from a support person when travelling must demonstrate this need. People travelling with support person(s) need assistance with mobility, communication, accessibility, personal or medical care during trips. Some examples of a support person are a personal support worker, a volunteer, a family member, or a friend. A registered OWLS client cannot act as an attendant.

Companions – companions apply to specialized transportation providers. The option to travel with a companion ensures that people are not required to travel alone. A companion can come with them as long as another person with a disability does not need the seat that the companion would occupy. Companions must pay the fares they would pay if they were travelling on conventional transit.

For Office Use Only (OWLS Member):

Application Review Approved Denied Date _____

Comments

Processed By:

Approved By:

Transit Contractor Notified – Date _____

OWLS Eligibility Card Sent – Date _____

Card No. Issued: _____ Expiry Date: (m/d/yr) _____

For Office Use Only (Support Person):

Application Review Approved Denied Date _____

Comments

Processed By:

Approved By:

Transit Contractor Notified – Date _____

Support Person Card Sent – Date _____

Card No. Issued: _____ Expiry Date: (m/d/yr) _____