

# 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
<b>Applicant's Municipality</b>		
<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		

