

**THE CORPORATION OF THE TOWN OF COCHRANE**

**ACCESS TRANSIT SERVICE  
APPLICATION FORM**

**(To be completed by the applicant and certified by his/her physician)**

This application is limited to and will be given consideration only to those disabled persons residing within the boundaries of the Town of Cochrane.

Name: \_\_\_\_\_

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

D.O.B.: \_\_\_\_\_ Telephone: \_\_\_\_\_

Type of disability: \_\_\_\_\_

Permanent: \_\_\_\_\_ Temporary: \_\_\_\_\_

Do you use:	Wheelchair	_____	Crutches	_____
	Cane	_____	Walker	_____
	Other	_____		

Do you have a valid driver's licence?      Yes \_\_\_\_\_      No \_\_\_\_\_

Do you own and/or operate a vehicle?      Yes \_\_\_\_\_      No \_\_\_\_\_

Is attendant required:      Yes \_\_\_\_\_      No \_\_\_\_\_

Contact person: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Applicant's Signature

Physician's Signature  
(Please see note on back)

Physician's Name: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

(Pursuant to Freedom of Information and Protection of Privacy legislation, personal information contained in this form is being collected to determine eligibility to use the Disabled Transit Service under the authority of the Public Transportation and Highway Improvement Act. Questions about this collection should be directed to the Town Hall at 272-4361.)

**TOWN OF COCHRANE  
ACCESS TRANSIT SERVICE**

**ELIGIBILITY POLICY – ACCESSIBILITY ADVISORY COMMITTEE**

**1. DEFINITION**

**Physically Disabled Persons**

Are those individuals who are physically unable to climb or descend steps used on Public Transit Facilities or walk a distance of 175 metres.

**2. ELIGIBILITY GUIDELINES**

**Unable to Board**

- Includes persons unable to climb three steps to board a regular transit vehicle.

**Unable to Use**

- Includes persons unable to board plus persons unable to walk 175 metres to the bus stop.

**Unable to Use with Dignity**

- Includes persons unable to board and unable to use, plus developmentally handicapped and visually impaired persons and dependant psychiatric diagnosis.

**Note:** Eligibility will be assessed by the municipality on an individual basis through verification by health care professionals.

**Note to the Doctor**

- Please describe the type of disability in layman's terms, otherwise it will be difficult to approve this application.

Attendants will be permitted to use the bus without charge who accompany eligible passengers who require assistance.

**Please forward this application to:** The Corporation of the Town of Cochrane  
171 Fourth Avenue  
P.O. Box 490  
Cochrane, ON  
P0L 1C0  
Telephone: (705)272-4361  
Facsimile: (705)272-6068