

The Hearst Community Transportation Association



APPLICATION FORM

** Our dedication to serving all clients includes ensuring accessibility. Should you require any assistance due to accessibility concerns or need help completing our forms, please reach out to us at 705-362-4341 to receive an accessible version.*

APPLICANT'S INFORMATION

This application is limited to and will be given consideration only to those persons residing within the boundaries of the town of Hearst.

Name : _____

Address : _____

Date of Birth : _____ **Telephone :** _____

To be completed and signed by individuals who meet one of the following criteria:

Person aged 60 and over.

Person who is unable to use transportation methods because of a long-term physical disability resulting in permanent wheelchair confinement.

Ontario Disability Support Program (ODSP) recipient who has no driver's licence, is unemployed and has no access to a vehicle.

Ontario Works recipient who has no driver's licence, is unemployed and has no access to a vehicle.

Applicant's Name	Signature	Date
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By signing this form, I certify that the information given above is accurate and complete.

OFFICE USE ONLY		
<input type="checkbox"/> Approved		
<input type="checkbox"/> Denied	<i>Valid until</i>	<i>Signature</i>