

The Hearst Community Transportation Association



ELIGIBILITY 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 individuals residing within the boundaries of the town of Hearst.

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

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

Date of Birth : \_\_\_\_\_ Telephone : \_\_\_\_\_

This form must be completed and signed by individuals who meet one of the following criteria, with certification by a qualified healthcare professional (registered nurse, nurse practitioner or physician):

Person having :

Criteria	<input checked="" type="checkbox"/>
Physical disability	<input type="checkbox"/>
Visual impairment	<input type="checkbox"/>
Developmental disability	<input type="checkbox"/>
Severe arthritis	<input type="checkbox"/>
Partial paralysis	<input type="checkbox"/>
Fracture	<input type="checkbox"/>
Cancer (illness) requiring accessibility accessories	<input type="checkbox"/>
Inability to climb or descend stairs	<input type="checkbox"/>
Inability to walk more than 175 metres (600 feet)	<input type="checkbox"/>

Are you currently employed? Yes  No

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

Do you own or operate a vehicle? Yes  No

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

Permanent : Yes  No

Temporary from : \_\_\_\_\_ to : \_\_\_\_\_

Do you need assistance to board? Yes  No

Contact person (assistant) : \_\_\_\_\_

Telephone number : \_\_\_\_\_

**Do you use:** (please check)

Wheelchair

Cane

Other (please specify)

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Crutches

Walker

<input type="checkbox"/>
<input type="checkbox"/>

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

**Note:**

Final eligibility will be assessed by the Corporation of the Town of Hearst on an individual basis after verification by a healthcare professional.

**Send application to:**

The Corporation of the Town of Hearst  
Postal Bag 5000  
925 Alexandra Street  
Hearst, ON P0L 1N0  
Telephone: 705-362-4341 (1003)  
Email: [townofhearst@hearst.ca](mailto:townofhearst@hearst.ca)  
Fax : 705-362-5902

*Pursuant to the Freedom of Information and Protection of Privacy Act, personal information contained in this form is being collected to determine eligibility to use the community bus services under the authority of the Public Transportation and Highway Improvement Act. Questions should be directed to the Hearst Town Hall at 362-4341(1003).*

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