

**SAULT STE. MARIE PARA BUS**  
111 Huron Street  
Sault Ste. Marie, Ontario P6A 5P9  
Tel: (705) 942-1404 Fax: (705) 759-5834

**APPLICATION FOR ELIGIBILITY**

**SECTION "A" (To be completed by the Applicant, Family, or Legal Guadian)**

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT.#: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Preferred Method of Communication: (Circle One) Email Phone Letter

**DIRECTION FOR RELEASE OF MEDICAL INFORMATION**

I, \_\_\_\_\_ hereby authorize you (the physician) to release any medical information which may be required by a member of the Parabus Eligibility Committee and/or an official of Transit Services to aid in determining my eligibility for Parabus service in this community.

\_\_\_\_\_  
Signature of Applicant

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**SECTION "B" To be completed by a Physician/Nurse Practitioner/Chiropractor/  
Occupational Therapist/Physiotherapist**

1) Describe how the disability prevents applicant from using conventional transit.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2) Permanent \_\_\_\_\_ Temporary: 3 Months \_\_\_\_\_ 6 Months \_\_\_\_\_ 12 Months \_\_\_\_\_

**Please circle YES or NO for each of the following questions:**

3) Is the Applicant physically able to walk 175 m? (An average city block) **YES NO**

4) Will the applicant require an assistant while travelling on the Parabus?\*\*\* **YES NO**

**\*\*\* If YES, then see instructions in Parabus brochure for more information on obtaining a Parabus Client Transit Card which will allow an attendant to ride for FREE.**

5) Does applicant use a mobility aid? NONE \_\_\_\_\_ CANE \_\_\_\_\_ WALKER \_\_\_\_\_  
CRUTCHES \_\_\_\_\_ WHEELCHAIR \_\_\_\_\_ SCOOTER \_\_\_\_\_

DATE: \_\_\_\_\_ PHYSICIAN'S NAME: \_\_\_\_\_

PHYSICIAN'S SIGNATURE: \_\_\_\_\_

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**OFFICE SPACE ONLY**

DATE APPROVED: \_\_\_\_\_

TEMPORARY: (Expiry Date) \_\_\_\_\_