



SAULT STE. MARIE

Sault Ste. Marie Parabus
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 Guardian

Name: _____

Address: _____ Apartment #: _____ Postal Code: _____

Date of Birth: (mm/dd/yy) ____/____/____ Contact Number: _____

Email Address: _____

Preferred Method of Communication: Phone ☐ Email ☐ Letter ☐

Preferred Method of Communication in the event of a Service Delay of over 30 minutes:
Phone ☐ Text ☐

Direction for release of medical information:

I, _____ hereby authorize you (the physician or designated professional) to release any medical information which may be required by an official of Transit Services to aid in determining my eligibility for Parabus service in this community.

Signature of Applicant

Section "B" To be completed by a Physician/Nurse Practitioner/Chiropractor/ Occupational Therapist/Physiotherapist/ Optometrist or Ophthalmologist

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

2) Does the applicant have vision loss that affects their ability to use conventional transit?

3) Are there any other conditions or factors that would prevent the applicant's safe use of conventional transit?

4) Applicant is applying for:

a) Permanent ☐

b) Conditional/Temporary ☐

Please provide details(i.e. Seasonal, weather) _____

c) Temporary: 3 months ☐ 6 months ☐ 12 months ☐

Please circle Yes or No for each of the following questions:

5) Is the applicant physically able to walk 175 m? (An average city block) Yes ☐ No ☐

6) 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 a Support Person to ride for free.

7) Is the applicant blind or partially sighted? Yes ☐ No ☐

8) Does the applicant use a mobility aid? (please check all that apply)

a) none ☐

b) walker ☐

c) cane ☐

d) crutches ☐

e) manual
wheelchair ☐

f) electric
wheelchair ☐

g) scooter ☐

**** Parabus can only accommodate mobility devices that do not exceed 32' wide X 48' long.**

****The combined weight of the passenger and mobility aide cannot exceed 800lbs**

h) Other (please specify): _____

Date: _____

Physician's Name: _____

Physician's Signature: _____

**** Please allow 5-7 business days for application processing****

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Office Space Only

Date Approved:

Temporary: