



KIWANIS TRANSIT

**Specialized Transit Service for
WELLESLEY, WILMOT AND WOOLWICH TOWNSHIPS**
13C Industrial Drive, Elmira, Ontario N3B 2S1
Phone: (519) 669-4533 Toll-free: 1-800-461-1355
Fax: (519) 669-3124 info@k-transit.com
www.k-transit.com

APPLICATION FORM

For Residents of the Townships of Woolwich, Wellesley, Wilmot Overview

1. Part A of the application may be completed by the applicant (you) or by someone on your behalf.
2. Incomplete or illegible applications will not be processed and will be returned to you. Please confirm that every applicable blank has been filled in on all pages.
 - If you are applying because you are age 65 or older, please enclose a photocopy of your birth certificate, or legal document with birthdate
 - If you are applying because you are registered with Mobility Plus or CNIB, please enclose a photocopy of your CNIB card or Mobility Plus card.
Please note registration # _____
 - If you are applying on any other grounds, please enclose a Mobility Assessment Form as completed by your health care professional.
3. Return the application to the transit office by mail, fax or email (scanned) or in person. See contact information noted above.
4. Completed forms will be reviewed within 3 business days of receipt.
5. The application will be reviewed and you will be contacted about acceptance.
6. Please contact us at 519-669-4533 or 1-800-461-1355 if you have not been contacted within 2 weeks of submitting your application.



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KIWANIS TRANSIT Eligibility Mandate:

Kiwanis Transit is a specialized transit service developed specifically for the residents of Wellesley, Wilmot and Woolwich Townships. Kiwanis Transit service is intended for persons who:

- are 65 years of age or older or
- are registered with CNIB or
- have a physical challenge or
- have a cognitive challenge or
- have a temporary mobility impairment, such as a broken leg
- are a registered rider with Mobility Plus (provide rider # _____)

If you are applying because you are age 65 or older, please enclose a photocopy of your birth certificate, or legal document with birth date.

If you are applying because you are registered with MobilityPlus or CNIB, please enclose a photocopy of your CNIB card or Mobility Plus card. Registration # _____

If you are applying on any other grounds, please enclose Part B as completed by your health care professional.

Applicant's Name: _____
First name Initial Last Name

Address: _____
Unit or Apt # Street # Street Name

City Postal Code

Phone Number: home # _____ cell # _____

Gender: _____ Male _____ Female _____ Non-Binary

Date of Birth: _____ (month/day/year)

KT uses wheelchair accessible buses, cars and vans to provide service.

Are you able to independently transfer to, and sit in a four door car or van? Yes ___ No ___



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PART A: Personal information continued:

Do you require a travelling attendant? ____ Yes ____ No

If Yes,

- travel attendants must be persons that are able to assist the rider in all aspects of their travel needs
- travel attendants must be at the same pickup location as the rider (adherence to transit pickup window)

Can you:

- be left alone at the door of your home ____ Yes ____ No
- be left alone at the door of your destination ____ Yes ____ No
- travel without a companion or attendant ____ Yes ____ No
- remain unsupervised on-board the vehicle ____ Yes ____ No
up to 1-1/4 hour

Kiwanis Transit is an accessible door to accessible door transportation service. Some physical assistance is provided, such as pushing a person in a wheelchair from the vehicle to the accessible door. KT staff are not to enter a private residence to assist riders. Please be aware that the vehicle operator will be absent from the vehicle while escorting other customers to their door. The vehicle operator will use the on-board restraint system to secure persons using a mobility aid.

Emergency Contact Information:

1st Emergency Contact: _____ Relationship: _____

Home Phone: _____ Cell #: _____ Work #: _____

2nd Emergency Contact: _____ Relationship: _____

Home Phone: _____ Cell #: _____ Work #: _____

Office Use Only

Organization Affiliation _____ Client # _____

Date contacted: _____



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PART A: Personal Information continued:

Please complete the following (check ALL that apply).

a) Are you

using portable oxygen Yes No

using a cane Yes No

using crutches standard forearm crutches lift required Yes No

using a walker folding non-folding lift required Yes No

using a CSA Standard Z604-98 approved transportation stroller for children with individualized seating requirements Yes No

legally blind (must attach photocopy of CNIB registration card) Yes No

using a guide or service dog (must attach photocopy of certification) Yes No

using a scooter (must transfer independently to seat on vehicle) Yes No

using a power wheelchair Yes No

using a manual wheelchair Yes No

non-folding (or not easily folded)

chair that can be folded quickly under direction and put in a trunk of vehicle

Broda seating

** the transit does not allow riders to remain in a transport chair (4 small wheels). This chair is not appropriate for transit use.

b) Does the combined weight of person and mobility aid exceed 700 pounds (315 kilograms) Yes No

c) Please indicate make and model of manual and/or power wheelchair

d) If wheelchair is wider than 28 inches (71cms) from outer side wheel to outer side wheel, please provide width measurement _____

Please provide a brief summary of any information as pertinent to this application:



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PART A: Personal information continued:

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Release of Information Consent Form

The personal information requested on this form will be used to assist in processing your application for Kiwanis Transit (KT) services. Application information may also be shared with other transit providers within the Region of Waterloo for the purposes of providing transportation services. Questions about this collection should be directed to the Manager at the address and telephone number listed above.

I/We agree to the use of the information above to enable KT to assess my application for specialized transit. I/We certify that the information provided is accurate and current.

I/We allow KT to contact any healthcare professional, or family member named within to obtain further information as required to determine eligibility status. Upon successful registration, I/We also allow KT to contact individuals named within to assist with operational concerns (if they arise).

Signature of Applicant: _____

Name of Applicant: _____

Date (month/day/year): _____

Signature of person signing on behalf of Applicant: _____

(also applicable if Applicant is under 18 years of age)

Name of Person signing on Applicant's behalf: _____

Date (month/day/year): _____

Reminder: Please ensure all required documents are attached as outlined on Page 1 and Page 2 of application.