

# Cochrane Access Transit

## Application Form – Emergency or Compassionate Access



### INFORMATION SHEET

Once the form is completed, please return Parts A & B to  
Clerks Dept, Town of Cochrane, 171 Fourth Avenue, Cochrane, ON, P0L 1C0

To apply for registration for emergency or compassionate access to the Town of Cochrane's Access Transit Program please complete this form in full. This service operates only within the boundaries of the Town of Cochrane and is a transportation service offered to anyone who meets one or more of the eligibility guidelines on a permanent or temporary basis.

#### Completing the Form:

**This form is intended for Cochrane residents who require emergency or compassionate access to Access Transit services.**

**Part A** - To be completed by or on behalf of the applicant and signed by the applicant or an appointed Power of Attorney.

**Part B** - Emergency or compassionate access is granted on a temporary basis for up to seven calendar days. Applications are considered on a case-by-case basis. The service provider can deny emergency or compassionate access where sufficient justification does not exist. Applicants anticipating needing access to Access Transit services for more than seven calendar days must complete the Town's non-emergency application form sometime during the emergency / compassionate access period.

All information in this application will remain confidential and will only be used to process the applicant's eligibility.

#### **Persons travelling with a Access Transit subscriber:**

**AIDE:** If you require a support aide to travel with you, it **MUST** be stated on the application form on page 1. Please be advised that a **support aide** is an individual required to assist the applicant for mobility or cognitive reasons; the Town does not provide people to travel with you. That is the applicant's responsibility. This person does not need to pay fares, but our provider, Flash Co Taxi, will need to be informed when reserving your ride. Anyone acting as an aide must be 18 years of age or older. An aide cannot be someone who is also registered as a Access Transit subscriber.

**SOCIAL COMPANION:** Is any person that is travelling with you as a friend or companion and **NOT** fulfilling the role of an Aide to offer assistance. **Social companions are required to pay the appropriate fare.**

**DEPENDENTS OR CHILDREN:** Any persons travelling with dependents/children are permitted to use the Access Transit service if they are the parent or guardian. The Provider is not responsible for providing child restraint systems; that is the subscriber's responsibility.

Please complete ALL sections of the application to avoid delay and submit to:  
Town of Cochrane, Clerk's Department, 171 Fourth Avenue, Cochrane, ON P0L 1C0

Email: [clerk@cochraneontario.com](mailto:clerk@cochraneontario.com)  
Tel: [705-272-4361](tel:705-272-4361) Fax: 705-272-6068

We will notify you via mail of your eligibility. We may call you or your physician to obtain more information about your condition if we require additional information. If you have not been notified within ten (10) days of submitting your application, please call us at 705-272-4361

**Alternative formats of this application will be made available upon request.**

**Please contact the Clerk's Department by calling (705) 272-4361 or email: [clerk@cochraneontario.com](mailto:clerk@cochraneontario.com)  
Or visit 171 Fourth Avenue, Cochrane, ON**

*Personal information is collected under the authority of the Municipal Act 2001, R.S.O. 2001, c. 25 (as amended) and in accordance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990. C. M.56 and will be used solely to determine eligibility for para-transit services as provided by the Town of Cochrane.*

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<b>Part A: Applicant Information and Travel Requirements (Applicant to complete)</b>			
Name of applicant (please print):			
Address of Applicant:			
Date of Birth:	Email:	Phone Number:	
<b>Emergency Contact Information</b>			
Emergency Contact Name:		Phone Number:	
Address:			
Relationship to Applicant:		Email:	
Send a Copy of Confirmation to the Emergency Contact. (check one)		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
<b>Accessibility Information</b>			
Family Physician Name:			
Family Physician Phone Number:			
Do you use a wheelchair? (check one)		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Do you use a walker? (check one)		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
If yes, is the walker foldable (check one)		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Do you need an <u>Aide</u> to travel with you? (check one) (details on front page)		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
If yes, when is the assistant required? (check one)	On all rides <input type="checkbox"/>		For specific assistance <input type="checkbox"/>
<b>State specific reasons/diagnosis for requiring Access Transit assistance:</b>			
<b>Signature of Applicant or POA</b>			
<p>I certify the information provided on this application is accurate. I also authorize the health care professional named on Part B of this form to provide information to the Town of Cochrane Clerk's Department I. I understand that misinformation or misrepresentation of the facts will be cause for disqualification or rejection of my eligibility. I also understand that additional information relating to my disability or health condition may be required to determine eligibility. I hereby consent to the Town of Cochrane to contact my physician when additional information or clarification is required.</p>			
Signature of Applicant / POA: _____		Date: _____	
If you have completed this form as a POA on behalf of the applicant, please provide the following information:			
Name: (please print): _____		Phone: _____	
Relationship to applicant: _____			

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## Application Form – Emergency or Compassionate Access



### Part B: Details of Emergency/Compassionate Request

I require emergency or compassionate access to Cochrane Access Transit Services: ☐

Reason for emergency or compassionate access request:

Anticipated duration of emergency or compassionate request (in days): \_\_\_\_\_

\*Note: the maximum number of days granted for emergency/compassionate access to Access Transit services is seven (7) days.

**Requests for emergency access longer than seven calendar days will be reviewed through the Town's typical intake processes. Applicants who require prolonged access must complete the Town's non-emergency access form and provide the required medical justification.**