

Caledon Community Services' friendly, reliable, door-to-door accessible transportation service is available seven days a week for Caledon seniors and people with disabilities who are unable to drive on their own.

### Who is eligible for the transportation program?

- All Caledon seniors
- Caledon residents unable to drive because of a short or long-term medical disability or are experiencing mobility issues (applicants may be asked to provide a Physician's note: if client is attending an approved day program physician note will not be required)
- People who require dialysis
- TransHelp clients
- York Region and WheelTrans transfer riders

#### \*\*PLEASE NOTE\*\*

If you reside in Caledon and require a mobility aid to travel such as a wheelchair or walker you must apply to the Region of Peel TransHelp program. Please call the CCS Transportation office for more information 905-951-2300 Ext 221, 218, 217,264,204.

If you are a senior or someone with a disability that is physically-able to get in and out of a vehicle, please continue with the application for Caledon Community Transportation Services.















# **Applicant Information:**

Last Name	First Name	Mr/Mrs/Ms
Street Number	Street Name	Apt/Unit #
City	Postal Code	
Telephone (Home)	(Cell)	(Business)
	Date of Birth:	<i></i>
Email Address	ММ С	DD YY
Health Card Number		
Gender (What is your ge	ender? Please check ONE	only <u>)</u> :
□Male		
□ Female		
□ Transgender		
□ Other		
□ Prefer not to answer		















ONE	only):	
	Arab	
	Middle Eastern or West Asian (examples: Afghan, Armenian, Iranian, Lebanese, Persian, Turkish)	
	Black (examples: African, African-Canadian, Afro-Caribbean)	
	East Asian (examples: Chinese, Japanese, Korean)	
	First Nations (status, non-status, treaty or non-treaty), Inuit or Métis	
	Latin American (examples: Brazilian, Colombian, Cuban, Mexican, Peruvian)	
	South Asian or Indo-Caribbean (examples: Indian, Indo-Guyanese, Indo-Trinidadian, Pakistani, Sri Lankan)	
	Southeast Asian (examples: Filipino, Malaysian, Singaporean, Thai, Vietnamese)	
	White (examples: English, Greek, Italian, Portuguese, Russian, Slovakian)	
Memb that a	per of a Marginalize: Are you a member of a marginalized group? (Please check ALL pply)	
	Indigenous Peoples	
	Immigrants and Refugees	
	Ethno-Cultural, Black and other racialized populations	
	Persons with disabilities	
	Members of the 2SLGBTQIA+ communities	
	People experiencing homelessness	
Pleas	e indicate the following:	
Prima	ry Language Spoken:	
Additi	onal Language Spoken:	

Canadä

Region of Peel
Working for you

United Way Greater Toronto

Emergency Contact:			
Name:		_	
Relationship:			
Telephone (Home):	_ Cell:	Business:	
Email:		-	
Please note: if you are a transportation but the following			qualify for
Additional Information:			
Do you have any health care ne be made aware of? (Please che			vider should
<ul><li>□ Seizures</li><li>□ Heart Condition</li><li>□ Alzheimer's</li><li>□ Diabetes</li></ul>			
□ Respiratory			
If checked Alzheimer's			
Does client need to be met when	returning home	?	
□ Yes □ No			
If you have chosen any of the b	oxes above an	d there is a medical eme	rgency while

Ontario

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Working for you

United Way Greater Toronto

in travel CCS will respond by calling Emergency Support 911

EMPLOYMENT ONTARIO

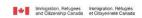
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	you traveling regularly? (Please check all that apply)
☐ Medical /	Appointment
☐ Day Prog	ram
□ Social	
Will you be	or need to travel with a support person?
□ Yes	
	door service: CCS driver will provide support such as an arm to assist accessible door of origin to accessible door of destination.
	like to deny door to door service?
□ Yes □ No	
knowledge	ertify that the information provided in this application is to the best of my true and the information I provided is correct. I consent to having this collected and used to access my eligibility for service(s) provided by Caledon Services.
	nave read and understood CCS's cancellation policy have read and understood CCS's booking policy have read and understood CCS is a pre-paid service have read and understood CCS access to account records policy have read and understood CCS transportation fee schedule have received my client identification number and password and I or my esignate
Please che	ck one of the following for access to my account balance:
□ I wo	uld like my monthly ride activity and balance emailed to me uld like my monthly ride activity and balance mailed to me verbally ask for my account balance
Canada ONT	MENT  Immigration, Refugees and Citizenship Canada et Citizenship

I give consent to (name)my(relationship) to access my transportation account, book rides and obtain my account balance on my behalf. Please note CCS does not pay interest on any balance of monies in client's transportation account.
For Office Use Only: Client Identification
: Client Password
☐ I have given client their ID number and password
All above CCS policies can be found on CCS Transportation website Client Guide.
Personal information on this form is collected and stored under the authority of the Municipal Act. By signing this application you are consenting to the collection of your personal information for the purpose transportation services.
By checking the box, you consent to receive emails from Caledon Community Services (CCS). Information may include but is not limited to upcoming events, news and involvement opportunities and program updates. You may unsubscribe at any time.
How did you hear about our services?
Signature of Applicant:
Date:

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Completed applications may be sent via mail, fax, email or dropped off to:







## By Mail

The Exchange 55 Healey Rd Bolton ON L7E 5A2

#### In Person

4 Industrail Rd (upper level) Bolton ON L7E 1K6

Phone: 905.584.2300 or 905.951.2300/ Fax: 905.951.4432

Email: Bookings@ccs4u.org

<u>Date Approved</u>: Jul 27 2015 <u>Date Reviewed</u>: Jul 2017 / Dec 9 2021/ Jul 24 2023

Date Revised: Apr 3 2018/ Jun 25 2019/ Oct 8 2020/ Jul 24 2023, Jan 21 25













