

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 are physically-unable to get in or out of a vehicle due to functional mobility problems such as a wheelchair or walker you may qualify to use the Region of Peel TransHelp program. Please call TransHelp at 905-791-1015.

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.

www.CCS4U.org



Citizenship and
Immigration Canada

EMPLOYMENT
ONTARIO

Canada



Ontario
Central West Local Health
Integration Network

Region of Peel
Working for you





INFORMATION • EMPLOYMENT • TRAINING • CRISIS SUPPORT • TRANSPORTATION • FOOD STORES • SETTLEMENT • COUNSELLING • SUPPORTIVE LIVING

Application for Transportation Services

Applicant Information:

Last Name First Name Mr/Mrs/Ms

Street Number Street Name Apt/Unit #

City Postal Code

Telephone (Home) (Cell) (Business)

Email Address DOB: ___/___/___ Gender: M _ F _
MM DD YY

Health Card Number

Emergency Contact:

Name: _____

Relationship: _____

Telephone (Home): _____ Cell: _____

Business: _____

Email: _____

www.CCS4U.org



Citizenship and
Immigration Canada

EMPLOYMENT
ONTARIO

Canada



Ontario
Central West Local Health
Integration Network

Region of Peel
Working for you



Please note: if you are a Caledon senior you automatically qualify for transportation but the following additional information is required.

Additional Information

Do you have any health care needs that the transportation service provider should be made aware of? (Please check all that apply)

- Seizures
- Heart Condition
- Alzheimer's
- Diabetes
- Respiratory

If checked Alzheimer's

Does client need to be met when returning home?

- Yes
- No

If you have chosen any of the boxes above and there is a medical emergency while in travel CCS will respond by calling Emergency Support 911

Where are you traveling regularly? (Please check all that apply)

- Medical Appointment
- Day Program
- Social

Will you be/or need to travel with an escort?

- Yes
- No

www.CCS4U.org



Citizenship and
Immigration Canada

EMPLOYMENT
ONTARIO Canada



Ontario
Central West Local Health
Integration Network

Region of Peel
Working for you



****Door to door service: CCS driver will provide support such as an arm to assist client from accessible door of origin to accessible door of destination.**

Would you like to deny door to door service?

- Yes
 No

I hereby certify that the information provided in this application is to the best of my knowledge true and the information I provided is correct. I consent to having this information collected and used to access my eligibility for service(s) provided by Caledon Community Services.

- I have read and understood CCS's cancellation policy
 I have read and understood CCS's booking policy
 I have read and understood CCS is a pre-paid service
 I have read and understood CCS access to account records policy
 I have read and understood CCS transportation fee schedule
 I have received my client identification number and password and I or my designate

Please check one of the following for access to my account balance

- I will check my monthly ride activity and balance on-line
 I would like my monthly ride activity and balance emailed to me
 I would like my monthly ride activity and balance mailed to me
 I will verbally ask for my account balance

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.

www.CCS4U.org



Citizenship and
Immigration Canada

EMPLOYMENT
ONTARIO

Canada



Ontario
Central West Local Health
Integration Network

Region of Peel
Working for you



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 web site Client Guide

Signature of Applicant:

Date: _____

[By submitting this form I confirm that I have read, understand and agree to Caledon Community Services Transportation Program Terms of Service]

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

Caledon Community Services
Royal Courtyards, Upper Level
18 King Street East,
Bolton ON L7E 1E8
Phone: 905.584.2300 , 905.951.2300
Fax: 905.951.7911
Email: bookings@ccs4u.org

www.CCS4U.org



Citizenship and
Immigration Canada

EMPLOYMENT
ONTARIO

Canada



Ontario
Central West Local Health
Integration Network

Region of Peel
Working for you

