

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, 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.

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)
_____ Date of Birth: ____/____/____ Gender: M • • F •		
Email Address	MM	DD YY

Health Card Number		

Emergency Contact:

Name: _____

Relationship: _____

Telephone (Home): _____ Cell: _____ Business: _____

Email: _____

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

****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.

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.

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 above, 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: _____

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: 905.951.4432

Email: Bookings@ccs4u.org

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