



**Northumberland Transportation Initiative**  
**Application Form**

Are you currently registered as a Community Care Northumberland Client? \_\_\_\_ Yes \_\_\_\_ No

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Requested pick up location: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/ Alternate Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Do you have an infant or children that may use this service? **Yes** \_\_\_\_ **No** \_\_\_\_

\*\* If **Yes**, please fill-in the information below:

Child's Name (First/ Last)	Age	Car / Booster Seat Required (Yes/No)

**\*\* You must provide an infant car seat or booster seat for any child under 8 years of age.**

1. Do you use any of the following? Walker \_\_\_\_ Cane \_\_\_\_ Wheelchair\* \_\_\_\_ Oxygen \_\_\_\_ (please check mark)

**\* Please note that this is not a wheelchair accessible van, however if you are able to transfer yourself to/from a van seat, we can accommodate you.**

2. Do you have a medical condition that the driver should be aware of? If so please explain:

\_\_\_\_\_

3. Please provide any additional information that may assist us with serving you better.

\_\_\_\_\_

4. What are your common needs for this transportation: (please check all that apply)

Employment \_\_\_\_ Doctors \_\_\_\_ Services \_\_\_\_ Recreational \_\_\_\_ Shopping/Banking \_\_\_\_  
 Visiting \_\_\_\_

**Other Agencies / Services Involvement**

Example: Ontario works, ODSP, E.I, counseling, family/children’s services, etc.

Agency / Service Name	Assistance Required	Days of the Week

**I understand that Community Care Northumberland and NTI are organization generally providing service by caring volunteers, who, though dedicated and trained, are not professional drivers. Therefore I waive any claim or cause of action whatsoever, including any claim for injury or damage of any kind against Community Care Northumberland and/or the Northumberland Transportation Initiative, its volunteers, employees and trustees, arising from negligence of Community Care Northumberland and NTI, its volunteers, employees and trustees, or from any other cause.**

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Signature of parent/guardian is required for those applicants below the age of 16 years, or for those unable to complete this application on their own.**

**Please return this application in person, by mail or fax to:**

Northumberland Transportation Initiative – Project Coordinator  
**Community Care Northumberland** (Port Hope)  
 74J Queen Street  
 Port Hope, Ont. L1A 2Y9  
**Toll Free 1-866-768-7778**  
 Fax 905-885-1818

**FOR OFFICE USE ONLY**

Date Received	Date Entered	Entered By
<b>Applicant’s Municipality</b>		
<input type="checkbox"/> Hope <input type="checkbox"/> Port Hope <input type="checkbox"/> Hamilton <input type="checkbox"/> Cobourg <input type="checkbox"/> Alnwick/Haldimand <input type="checkbox"/> Cramahe <input type="checkbox"/> Trent Hills <input type="checkbox"/> Brighton		

