

Client Responsibilities

- You must contact our office to request service. We will not accept responsibility for the provision of service arranged without our knowledge.
- Respect our Volunteer's/ Employee's privacy and do not call them at home or ask the office for their phone number.
- Do not ask the Volunteer/ Employee to provide more help or to give more assistance than was asked and approved for through the office.
- Contact the office as soon as possible if you need to cancel or re-book a service.
- You must pay the driver with exact cash or ride pass, at the time of service.

If you have a complaint about our service we provide, please address your concerns to our Coordinator at NTI. We will do our best to resolve your complaint and reach a consensus within a seven (7) day period.

Consent to Keep, Use and Disclose Information

I have read and understand the Client Bill of Rights & Responsibilities and Privacy Commitment through Community Care Northumberland and Northumberland Transportation Initiative.

By signing below, I agree to allow Community Care Northumberland and Northumberland Transportation Initiative to keep my personal and health information that is required to provide service and to share information with other agencies, professionals, family and others involved in my support as necessary to provide service, or to help me apply for other programs or services in the future.

- Do not share information with a specific group or person, as listed here:

- I do not want the following personal/health information shared with anyone, as listed here:

I understand that I may withdraw or change this consent at any time by contacting the Coordinator at NTI. I realize that if I withdraw consent, I may not be able to receive service from Community Care Northumberland and Northumberland Transportation Initiative.

Client's Name

Signature (client or authorized person)

Date

OR

VERBAL CONSENT OBTAINED BY THE CLIENT ON _____

DATE

BY _____
NAME _____ **TITLE** _____



Northumberland Transportation Initiative

Application Form

Please note that NTI provides accessible transportation for wheelchairs and scooters since July 2009 

Name: (Last) _____ (First) _____

Address: _____

City: _____ Postal Code: _____

Request Pick-up Location: _____

Home Phone: _____ Cell/Alternate Phone: _____

Emergency Contact Name: _____

Relationship: _____ Phone Number: _____

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)

NTI can provide an infant car seat or booster seat for any child less than 8 years of age.

1. Do you use any of the following? Walker ____ Cane ____ Wheelchair ____ Scooter ____ Oxygen ____

Do you require an attendant? Yes ____ No ____

Can you transfer, without assistance from your wheelchair or scooter to a seat in order to travel? _____

2. Do you have a medical condition that the driver should be aware of? If so 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, O.D.S.P., 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
 11 King St. East P.O Box 33
 Colborne, Ont. K0K 1S0
 (located inside Downey Pharmacy)
Toll Free: 1-866-768-7778 or 905-355-1444
 Fax: 905-355-1805

FOR OFFICE USE ONLY

Date Received	Date Entered	Entered By

Applicant’s Municipality

Hope Port Hope Hamilton Cobourg Alnwick/Haldimand Cramahe Trent Hills Brighton

**Northumberland Transportation Initiative
Client Consent Form**

Purpose of Information Collection

The information collected by Community Care Northumberland and Northumberland Transportation Initiative (NTI) is used to:

- make certain that the services you receive are appropriate; and
- provide essential information to other agencies or persons involved in your care/support.

We respect your privacy and make every effort to keep your information confidential.

We will not share your information with other agencies or persons not involved in your support, or with those to whom you have stated you do not wish us to communicate.

You have the right to access the information we hold about you and the services we provide. You also have the right to request changes to the information if you believe it to be incorrect or incomplete.

Privacy Commitment

Community Care Northumberland and NTI respects your privacy. We protect your personal information and adhere to all legislative requirements with respect to protecting privacy. We do not rent, sell or trade our mailing lists. The information you provide will be used to deliver services and to keep you informed and up to date on the activities of our organizations. If at any time you wish to be removed from our contact list simply phone 1-866-768-7778 and we will gladly accommodate your request.

Client Bill Of Rights

- To be treated with courtesy and respect and to be free from mental, physical and financial abuse by our organizations.
- To be treated in a manner that respects your dignity and privacy and promotes your independence.
- To be treated in a manner that recognizes your individuality, needs and preferences, including ethnic, spiritual, linguistic, familial and cultural factors.
- To be informed about the services that we are providing to you, including any cost, and tell you who will be providing the service.
- To participate in our assessment of your needs, the development of the plan of service, and in our subsequent evaluations and revisions.
- To give or refuse consent for any of our services.
- To raise concerns or recommend changes to the services you are receiving from our organizations without fear of interference, pressure, discrimination or reprisal (revenge).
- To be informed of the laws, rules and policies affecting our operations, and to receive written information on the procedure for initiating complaints about our organizations.
- To have your records kept confidential in accordance with the law.