



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.

Operated by: **Community  Care**
Northumberland

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