

City of Melfort
Special Needs Transit Committee
Application
(Please print clearly)

NAME: _____
(surname) (given names)

PHONE: _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

DATE OF BIRTH: _____

SEX: M / F (circle one)

PRESENT LIVING ACCOMMODATION:

- | | |
|---|--|
| <input type="checkbox"/> House | <input type="checkbox"/> Apartment |
| <input type="checkbox"/> Sr. Citizen's Home | <input type="checkbox"/> Special Care Home |
| <input type="checkbox"/> Private Care home | <input type="checkbox"/> Hospital: _____ |

FAMILY PHYSICIAN: _____

OTHER PROFESSIONAL: _____

MOBILITY:

- | | |
|---|---|
| <input type="checkbox"/> Wheelchair | <input type="checkbox"/> Wheelchair (Temporary) |
| <input type="checkbox"/> Walk with assistance | <input type="checkbox"/> Walks independently |

MENTAL/EMOTIONAL STATUS:

COMPREHENSION: Unimpaired Mildly impaired Severely impaired

ADDITIONAL COMMENTS: (Summarize significant difficulties of daily living)

EMERGENCY CONTACT - NEXT OF KIN OR RESPONSIBLE PERSON:

NAME: _____ **RELATIONSHIP:** _____

ADDRESS: _____

PHONE: Home _____ Work: _____ Cell: _____

Signature of Applicant Date Phone