



COLD LAKE ADAPTIVE TRANSPORTATION SERVICES APPLICATION

Cold Lake Adaptive Transit Service (CLATS) is a ride-shared transportation service for people with permanent, temporary, or intermittent disability within the City of Cold Lake. Medical appointments are the priority. To apply for this service, complete the application and return to Cold Lake and District FCSS at 5220 -54 Street Monday-Friday 8:30am-4:30pm or mail to Cold Lake and District FCSS, c/o City of Cold Lake at 5513-48 Avenue, Cold Lake, AB T9M 1A1

SECTION 1: PERSONAL INFORMATION

Full Name (Please Print):		
Birth Date:	Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Address:		Unit Number:
Phone Number:		Email Address:
Location (Select one): <input type="checkbox"/> Cold Lake North <input type="checkbox"/> Cold Lake South		
Residence Type: <input type="checkbox"/> House <input type="checkbox"/> Basement Suite <input type="checkbox"/> Duplex <input type="checkbox"/> Townhouse <input type="checkbox"/> Apartment <input type="checkbox"/> Mobile Home		
Building Name (If applicable):		
Pick up Door: <input type="checkbox"/> Front <input type="checkbox"/> Back <input type="checkbox"/> Side <input type="checkbox"/> Garage <input type="checkbox"/> Other:		
Is this application for temporary service? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How often will you require service? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Winter Only <input type="checkbox"/> All Year Around		
Who should we contact with questions or updates related to the application? <input type="checkbox"/> Applicant <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Either		

SECTION 2: EMERGENCY CONTACT INFORMATION

In case of an emergency, the City of Cold Lake should contact:	
Name:	Relationship to Applicant:
Address:	Unit Number:
Phone Number:	Alternative Number:
Does this person have a key to your residence: <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 3: RELEASE OF LIABILITY, WAIVER, CLAIMS, AND INDEMNITY AGREEMENT

In consideration of travelling on the City of Cold Lake Adaptive Transportation Service, I, _____, hereby agree as follows:

To Waive any and all claims that I have, or may have in the future, against the City of Cold Lake and Cold Lake and District FCSS, their staff, contractors, volunteers, agents, and representatives (all of whom are hereinafter collectively referred to as "the City"). **To release the City** from any and all liability for any losses, damage, injury, or expense that I may suffer, or that my next of kin may suffer, as a result of my participation with Cold Lake Adaptive Transportation due to any cause whatsoever. **To hold harmless and indemnify the City** from any and all liability for any damage to property, of, or personal injury to, any third party resulting from me travelling on the City of Cold Lake Adaptive Transportation Services. That this Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, and assigns in the event of death. In signing below, I agree that I have been provided a copy of the CLATS Handbook and understand the rules and regulations governing its operation.

Applicant Signature: _____ Date: _____

5513 48 Avenue, Cold Lake, AB • T9M 1A1 • Ph: 780-594-4494 • Fax: 780-594-3480

Information on this form is collected for the sole use of the City of Cold Lake and is protected under the authority of the *Freedom of Information and Protection of Privacy Act*, Sec. 33 (c), which regulates the collection, use, and disclosure of personal information. If you have any questions or concerns, please contact the FOIP Coordinator by email (legislative@coldlake.com) or phone (780) 594-4494 ext. 7915.

SECTION 4: HEALTH CARE PROFESSIONAL VERIFICATION

Section 4, 5 and 6 of the Application form **MUST** be completed in full and signed by a qualified health care practitioner (Physician, Occupational Therapist, Physiotherapist, Surgeon, Physical Therapist, Podiatrist, Nurse Practitioner, or Chiropractor) familiar with the disability. Charges for completing this form or for obtaining additional information are the responsibility of the Applicant.

Name of Applicant:

What is the Applicant's primary diagnosis?

Is the Applicant's disability or health condition Physical Cognitive Both

Can the Applicant be left unattended at their destination? Yes No

In your opinion should the Applicant travel with an attendant? Yes No If yes, please explain:

Does the Applicant use any of the following aids?

- | | | |
|---|--|---|
| <input type="checkbox"/> Walking Cane | <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Communication Device |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Interpreter | <input type="checkbox"/> Crutches |
| <input type="checkbox"/> Service Animal | <input type="checkbox"/> Leg Braces | <input type="checkbox"/> Personal Attendant |
| <input type="checkbox"/> Scooter | <input type="checkbox"/> Long White Cane | <input type="checkbox"/> Prosthesis |
| <input type="checkbox"/> Oxygen Tank | <input type="checkbox"/> Hearing Aid | <input type="checkbox"/> Power Wheelchair |
| <input type="checkbox"/> Other: _____ | | |

All mobility aids must be kept in good repair at all times, or they cannot be accommodated on the Cold Lake Adaptive Transit bus. If the Adaptive Transit operator cannot properly secure your mobility aid, the operator will use their discretion in determining the passenger's safety and may not be able to provide you with service. The maximum base dimensions of mobility aid equipment are 30x40 inches. The combined weight of the equipment and passenger cannot exceed 750lbs (340KG)

SECTION 5: HEALTH CARE PRACTITIONER CONTACT INFORMATION

Name of Practitioner or Provider:

Professional Designation:

Practice Name:

Business Address:

Unit Number:

City:

Postal Code:

Phone Number:

Fax Number:

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SECTION 6: SEATBELT EXEMPTION (MUST be signed by a qualified health care practitioner)

Pursuant to Alberta Regulations 122/2009, Highway Traffic Act, Seatbelt Regulation Section 82 of the Act does not apply to a person, in respect of that person, if there is a certificate signed by a duly qualified medical practitioner certifying that the person:

- A) Is, for the period stated in the certificate, unable for medial reasons to be secured in a child seating assembly or seatbelt assembly, as the case may be.
- B) Is because of size, build or other physical characteristics, unable to be secured in a child seat assembly or seatbelt assembly, as the case may be.

Does the Applicant's disability, health condition, or equipment restrict their ability to wear a seatbelt during transportation?

Yes No If yes, please explain:

In my opinion should the Applicant be seatbelt exempt? Yes No If yes, please explain:

I, _____, certify that I am a qualified health care practitioner (Physician, Occupational Therapist, Physiotherapist, Surgeon, Physical Therapist, Podiatrist, Nurse Practitioner, or Chiropractor) familiar with the Applicant's disability. I am of the opinion that the Applicant is in need of the Cold Lake Adaptive Transportation Service due to a condition or limitation that prohibits their ability to access an alternative means of transportation.

Practitioner or Provider Signature:

Date: