



LINX+

SIMCOE COUNTY LINX+

ACCESSIBLE TRANSIT

ELIGIBILITY APPLICATION

This application is for County of Simcoe residents who wish to apply for the County of Simcoe's specialized transit service. This service is intended for persons with disabilities, either permanent or temporary, which prevent them from being able to access the County of Simcoe's conventional transit service. The specialized transit service operates within 400 metres, each side of the conventional fixed route service and is a pre-arranged door-to-door service and/or service to and from conventional transit for registered users.

The information obtained in this application process will be used by the County of Simcoe only to assess the applicant's eligibility for the specialized transit service. All information contained in the application will be kept confidential. Failure to complete this application in full will delay the application process.

If you have questions, need assistance or an alternate format, please call Service Simcoe at 1-800-263-3199.

How to Apply for Simcoe County Linx+

1. Complete Part A of this application.
2. Have your health-care professional complete Part B.

How to Submit the Application

Once the application is completed in full, mail, hand-deliver, fax or email the application to:

County of Simcoe
Attn. Transit Department
1110 Highway 26, Midhurst, ON L9X 1N6
Phone: 1-866-893-9300 ext. 1353
Fax: 705-726-9832
Email: transit@simcoe.ca

Eligibility

Eligibility for Simcoe County Linx+ service is approved on the basis of three categories:

1. **Unconditional** – All trips require specialized service, for example a permanent disability.
2. **Temporary** – All trips require specialized services for a limited duration, for example during recovery from surgery.
3. **Conditional** – Trips taken by a person with a disability who requires specialized services under certain circumstances, such as extreme weather conditions.



Part A: Applicant Information

PLEASE PRINT

Last Name: _____ First Name: _____

Address: _____ Apt: _____

Town: _____ Postal Code: _____

Age: 15-24 25-44 45-64 65+

Phone: _____ E-mail: _____

Would you like to receive your correspondence by Email? No Yes

Emergency Contact(s):

Name: _____ Phone: _____

Name: _____ Phone: _____

I hereby authorize the health-care professional named in Part B to provide information regarding my physical and/or mental limitations by responding to the questions in Part B for the purpose of determining my eligibility or service delivery options for Simcoe County Linx+.

Signature: _____ Date: _____

If you are not the applicant, but have completed the application on the applicants' behalf, provide the information below:

In accordance with Part A of this application, I hereby confirm, to the best of my knowledge, that the information is true.

Name: _____ Phone: _____

Signature: _____ Date: _____



Part B

To be completed by treating Licensed Health-Care Professional

Specialized transit is intended for persons with disabilities, either permanent or temporary, which prevent them from being able to access the County of Simcoe’s conventional transit service. The specialized transit service operates within 400 metres, each side of the conventional fixed route service and is a pre-arranged door-to-door service and/or service to and from conventional transit for registered users. You may be contacted if any questions remain.

Name and Official Capacity of Health-Care Professional: _____

Address: _____ Apt: _____

Town: _____ Postal Code: _____

Please answer all questions in order for this application to be processed.

1. Can the applicant walk 175 metres (approximately 600 feet) with or without an assistive device?
 Yes No
2. Can the applicant get on and off the Simcoe County conventional bus unaided? (All vehicles are equipped with a ramp)
 Yes No

If no, describe how the disability prevents them from using conventional transit:

3. Please check the assistive devices the applicant normally travels with:

- | | | |
|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Walker | <input type="checkbox"/> White Cane |
| <input type="checkbox"/> Powered Wheelchair
(Clients who use a scooter must transfer to a seat) | <input type="checkbox"/> Powered $\frac{3}{4}$ Wheel Scooter | <input type="checkbox"/> Oxygen Bottle |
| | <input type="checkbox"/> Crutches | <input type="checkbox"/> Cane |
| <input type="checkbox"/> Other: _____ | | |

Note: Vehicle ramps can accommodate wheelchair/scooters that are no larger than 42” long, 30” wide and not exceed a total weight of 800 lbs.



4. Can the applicant recognize and understand when and where to board the bus, their destination, and when to safely leave the bus? Yes No
5. Can the applicant maneuver their assistive device and/or travel to and from the vehicle independently, and while at their destination? Yes No
6. Does the applicant require a support person when travelling? Yes No
7. Can the applicant communicate with the Operator? Yes No
8. Does the applicant require a service animal? Yes No
9. Does the applicant suffer from vertigo to the degree that he/she would fall? If yes, please consider a support person for applicant's safety. Yes No
10. How long does the applicant require the service?
 - Unconditional/Permanent – all trips require specialized services.
 - Temporary (up to one year) – all trips require specialized services for a limited duration.
 - Conditional/Seasonal – under certain circumstances, trips require specialized services.
Indicate which months are required:
 - Winter (October to April)
 - Summer (May to September)

In accordance with Part B of this application, I hereby confirm that the information is true.

Health-Care Professional Signature: _____

Stamp, License or Certification Number: _____

Date: _____

Notice of Collection/Use/Disclosure: Personal information is being collected on this form pursuant to Section 8 and 11 of the Municipal Act and will be used to determine your eligibility for Accessible Public Transit and to provide you with appropriate transit services. We will also use de-identified data to compile statistical information for program planning. Questions regarding the collection of this information and how it is used may be directed to the Transit Operations Supervisor, Transit Department, County of Simcoe, 1110 Highway 26, Midhurst, ON L9X 1N6 1-866-893-9300 ext. 1003.