Chatham Accessible Service

Application for

Transportation for the Disabled

Please have applicant fill out this form and have it signed by their attending doctor.

Please Print Clearly:	
Name:	Current Date:
Address:	Phone #:
Postal Code:	Date of Birth:
The Chatham Handi Tranit service is a non-profit transportation system for people who are challenged with physical or intellectual disabilities and are unable to move about freely, with dignity within our community.	
Type of disability:	
Is the Handibus service required (Please circle one) Perr	nanently Temporarily
Do you use:(Please circle one) Wheelchair Crutches	S Cane Walker Other (specify)
Is an attendant required to assist you with mobility? (Please	e circle one) Yes No
Probable type of trip:(Please circle one) Shopping	Medical Educational
Recreational	Employment Other (specify)
Probable number of trips per week:	
Doctor's Remarks <u>:</u>	
Applicants Signature	Doctor's Signature
	Please Print Doctor's name
	Doctor's Address
	Doctor's Phone Number
Please return form to: Engineering & Transportation Division Municipality of Chatham-Kent 315 King Street West P.O. Box 640	

N7M 5K8 Phone: 519-360-1998 Fax: 519-436-3240

Chatham, ON