



Brantford Lift

Eligibility Application

Welcome to Brantford Lift and thank you for taking the time to fill out this application form. Help us process your application in a timely manner. Any information that is not completed in the application could delay or prevent our ability to process your request for service.

A) Have you completed all 3 Sections?

B) Have you or the guardian signed at the bottom of this page?

C) If you are a War Veteran or Silver Cross recipient have you included proof of status?

- PLEASE READ CAREFULLY -

- ❖ Physical disability/disease related circumstances are all contributing factors in the review of each application. Verification of disability by a Registered Health Care Professional does not establish approval. Consent is finalized by Brantford Lift. Applicants' not approved for service may appeal.
- ❖ The personal information collected in this application will be used only for the purpose of releasing or obtaining information about my care and health status, or in emergency circumstances, as is deemed necessary in the use of the service. This information is protected under the Personal Health Information Protection Act (PHIP).
- ❖ Should you require this information in larger print or different format please let us know and we will do our best to assist you. (AODA Reg. 429/07)

Applicant Declaration:

I certify that to the best of my knowledge, the information given is correct.

Applicant Signature:

Guardian or Authorized Signature:

If you are not the applicant but have completed this application on the applicant's behalf, you must provide the following information:

Your Name: _____

Address: _____

Bus. Tel: _____

Res. Tel: _____ (where applicable)

Relationship to applicant:

Applicant Information:

Today's date: _____

IF SERVICE IS NEEDED WITHIN THE WEEK OF APPLYING,
NOTE DATE AND TIME OF TRANSPORTATION REQUIRED:

DATE: _____ TIME: _____

Applicant Name: _____

Date of Birth: _____ (PLEASE PRINT)

Address: _____

City: _____ Postal Code: _____

Does the entrance of your home have steps? Yes ___ No ___

Does your disability prevent you from doing steps? Yes ___ No ___

Is your home ramped? Yes ___ No ___

Registered War Veteran Yes ___ No ___
Silver Cross?

Tel: _____

Cell: _____

Bus: _____

Do you live in a group home: Yes ___ No ___

Group/Retirement home name: _____

Tel: _____ Fax: _____

IF YOU USE A WHEELCHAIR AND HAVE 2 OR MORE STAIRS AT YOUR RESIDENCE,
CALL **519-752-4444**, BEFORE PROCEEDING FURTHER.

Brantford Lift Eligibility Application Page 4 of 7
Applicant Information continued:

Please list the names of people or services who you authorize to call on your behalf to book rides:

Emergency Contact Information:

Name:

Address:

Res. Tel: _____

Cell: _____

Bus: _____

Relationship: _____

Physical Restrictions:

1. What is your disability?

2. Are you able to go up and down stairs unassisted?

Yes ___ No ___

3. Are you physically able to walk 175 metres (approx. 1 city block)?

Yes ___ No ___

4. Are you capable of travelling on your own without assistance and able to be left alone at the drop off location?

Yes ___ No ___ IF "NO" check who will accompany:

Support person: _____ Companion: _____ Other: _____

5. Check all the mobility devices and aids that apply:

Wheelchair ___ Walker ___ Cane ___ Scooter ___
Oxygen ___ Guide/Service Animal ___ Crutches ___ Other Option: _____

6. Does your wheelchair have a seat belt?

Yes ___ No ___

Wheelchair seat belts are required in order to use the service.

****RIDERS – WHEN BRANTFORD LIFT EXPERIENCES SERVICE CLOSURES (i.e. SEVERE WEATHER) IT IS IMPORTANT THAT YOU ENSURE YOU HAVE AN ALTERNATE METHOD OF TRANSPORTATION ARRANGED.**

**ALL PASSENGERS TRAVELLING ON A SCOOTER
MUST BE ABLE TO TRANSFER FROM IT INTO A SEAT.**

Healthcare Section (to be filled out by Healthcare Provider):

Attention Healthcare Providers: please verify that the information found under “Application Information” is correct.

Service Criteria – Physically unable to:

- * go up or down stairs independently
- * walk 175 metres (575 feet)
- * unable to use conventional transit

LIFT MAXIMUMS:

700LBS.
50” long (mobility device)
30” wide (mobility device)

Service can be refused if mobility device is deemed unsafe

Applicants Name: _____

1. What is the applicant’s primary disability?

2. Does the Applicant pose a risk physically or psychologically to other passengers?

Yes _____ No _____ If ‘Yes’, please explain:

3. In your opinion, does the Applicant have other medical conditions that prevent their use of conventional transit? (Please note that applicants now have the option to utilize both conventional and specialized transit service because the fare structure is universal for both systems. If yes, please explain:

4. Can the Applicant be safely left alone at their drop off location without being handed over to the care of another person?

Yes ____ No ____

Brantford Lift Eligibility Application Page 7 of 7
Healthcare Section continued:

5. For what time period is service required?

Temporary _____
Unconditional/Permanent _____
Conditional _____ (seasonal)

I verify the information above to be true and correct:

Health Professional Name: _____

Profession: _____

Signature: _____

Tel: _____

Fax: _____

Please return your completed form to:

By Mail:

OR

Deliver to:

City of Brantford
P.O. Box 818
Brantford, ON N3T 5R7
Attention: Engineering Services

City Hall – Engineering Services
100 Wellington Square
Brantford, ON N3T 2M2

Business Hours: 8:30 a.m. – 4:30 p.m.
Mail slot available for after hours

Brantford Lift:

Tel: 519.752.4444

Fax: 519.754.0724

E-mail: evandermade@brantford.ca

Brantford Lift is not responsible for any costs incurred for this application.
Brantford Lift reserves the right to review eligibility with attending
Professionals and Applicant at any time.

Office Use Only:

