Rocky View Regional Handibus

Email: office@rockyviewbus.ca
Fax: 403-398-0494

The information collected is solely for use by Rocky View Regional Handibus. Personal information will not be given out to other organizations. Aggregate data may be used for reporting requirements.

First Name _____ Last Name _____

Birthdate: _____ *dd-MMM-yyyy*

Gender
☐ Male ☐ Female ☐ N/A

I live in:
☐ Beiseker ☐ Chestermere ☐ Cochrane ☐ Crossfield ☐ Rocky View County
☐ Unsure, please contact me

Applicant's Pick-up or home location:

_____
Your street or municipal or address - eg 123 Main Street, Anytown AB

What is the location of the door you wish to be picked up at? *(if applicable)*
☐ Front door ☐ Side door ☐ Back Door

Door or Apartment Number _____ (*if building doors are labeled as such)*

Are we able to park safely on the street outside the passenger's home?
☐ Yes ☐ No, please contact me for details

I am registering for
☐ Temporary or short term use ☐ Extended or long-term use

Do you use any of these mobility aids or equipment?

☐ Cane
☐ Crutches
☐ Electric Scooter
☐ Knee Scooter
☐ Large or Extended Wheelchair
☐ Powered Chair
☐ Walker
☐ Wheelchair

Do any of these apply?

☐ I bring supplemental oxygen
☐ I have a vision impairment (e.g. trouble seeing the bus)
☐ I have trouble hearing (hearing impairment)
☐ I often forget where i am going
☐ I have difficulty speaking
☐ I have a service dog
☐ I have difficulty climbing the steps in the bus
☐ I have trouble communicating in english
☐ I require a child seat (please contact me)
☐ Other situations - please contact me

Please describe any other disability and/or health condition affecting our ability to provide a safe, comfortable journey

Do you experience life threatening allergies? *

☐ No ☐ Yes, Please contact me for details

Do you experience seizures? *

☐ No ☐ Yes, Please contact me for more details

Can you tell us anything else that will help us give you a safer ride on our buses?

_____

Cell Phone _____

(This is the number we call while you are travelling on our bus)

Home Phone / Landline _____###- ###- ####

(This is the number we call to confirm bookings)

Email _____

(We email invoices and quarterly updates)

Mailing address _____

(Street Address/ City Prov PostalCode)

Emergency Contact _____ Phone # _____

(Name & Phone Number (friend/ family/ spouse)

Verification of Information:

The person named below is the customer making this application or a person duly authorized to make this application. This person verifies that the information provided in this application and any supporting documents is true and accurate.

Name of person completing form _____

(We contact this person for follow-up registration questions)

Relationship to passenger: _____

(leave blank if form is completed by passenger)

Daytime Phone number of person completing form_____