

# Rocky View Regional Handibus

Email: [office@rockyviewbus.ca](mailto: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.

Once this form is submitted, we will follow up with a phone interview regarding your travel needs.

REGISTRATION IS NOT COMPLETE WITHOUT THE FOLLOW-UP INTERVIEW

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:

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*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?

<input type="checkbox"/> Cane	<input type="checkbox"/> Knee Scooter	<input type="checkbox"/> Powered Chair
<input type="checkbox"/> Crutches	<input type="checkbox"/> Large or Extended Wheelchair	<input type="checkbox"/> Walker
<input type="checkbox"/> Electric Scooter		<input type="checkbox"/> Wheelchair

Do any of these apply?

<input type="checkbox"/> I bring supplemental oxygen	<input type="checkbox"/> I have difficulty speaking
<input type="checkbox"/> I have a vision impairment (e.g. trouble seeing the bus)	<input type="checkbox"/> I have a service dog
<input type="checkbox"/> I have trouble hearing (hearing impairment)	<input type="checkbox"/> I have difficulty climbing the steps in the bus
<input type="checkbox"/> I often forget where i am going	<input type="checkbox"/> I have trouble communicating in english
	<input type="checkbox"/> I require a child seat (please contact me)
	<input type="checkbox"/> 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?

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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 \_\_\_\_\_