City of Welland
Corporate Services
Transit Division
75 Federal Road, Welland, ON L3B 3P2
Phone: 905-735-1700 Ext. 2291
Email: transit@welland.ca

WellTrans – Application

Part 1 – Completed by Applicant

Surname: _____ First Name: _____

Address: _____ Postal Code: _____

Telephone: _____ Date of Birth: _____

Cell Phone: _____ E-mail: _____

Emergency Contact:

Name: _____ Relationship: _____

Address: _____ City & Postal code: _____

Telephone (home): _____ Telephone (work): _____

Telephone (cell): _____

Please explain, in detail, your **physical mobility impairment** which prevents you from using conventional transit.

_____

_____

_____

_____

Is your disability permanent ☐ or temporary ☐
If temporary, approximately how long would you require service? _____

Do you use any assistive devices? Yes ☐ or no ☐
If yes, what do you use? _____

Do you require an attendant travelling with you? Yes ☐ or no ☐

_____ _____
Applicant's Signature Date

*****The information provided on this application is of a confidential manner, and is for the sole use of acceptance for WellTrans service with Welland Transit. It is protected from access by *The Freedom of Information and Privacy Act, 1987*

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Part 2 – Completed by Physician

***Elderly persons are not automatically eligible for the WellTrans Service. Only persons with a PHYSICAL MOBILITY IMPAIRMENT, who can not board the conventional transit, are eligible for this service* Please print clearly**

1) Describe, in detail, your patient's disability, its severity, and how it affects their mobility, preventing them from boarding a conventional transit bus.

_____

_____

_____

2) Is the applicant physically able to climb and / or descend stairs?

Yes ☐ No ☐ Assisted ☐ Unassisted ☐

How many?_____

3) Is the applicant physically able to walk a distance of 175 meters?

Yes ☐ No ☐

If no, how far? _____

4) Does the applicant require mobility devices?

Cane ☐ Walker ☐ Wheelchair ☐ Scooter ☐

Other _____

5) Do you feel that this individual is safe to travel without an attendant?

Yes ☐ No ☐

I have fully assessed the applicant and their mobility as it relates to the eligibility mandate;

_____ _____

Physician Signature Print Physicians name

_____ _____

Physician's Office Phone Number Date