VISITOR APPLICATION FOR WINNIPEG TRANSIT PLUS

Name: _____ _____ _____
(First) *(Middle)* *(Last)*

Mailing Address: _____
(Apt) *(Street Number)* *(Street)* *(City/Town)* *(Zip/Postal Code)*

Phone: _____ _____ _____
(home) *(cell/other)* *(local number while in Winnipeg)*

Date of Birth: _____ **Email Address:** _____
Month (written) *Day* *Year*

Current Transit Provider: _____ **Registration number:** _____

Dates in Winnipeg: From: _____ To: _____

Previous Registration # for Winnipeg Transit Plus (if applicable): _____

Pick-up location in Winnipeg:

Note: Winnipeg Transit Plus provides service from the front street ONLY. Addresses must be within City of Winnipeg limits.

_____
(Apt) *(Street Number)* *(Street)* *Pick-up location common name, if applicable (e.g. Holiday Inn, Delta Hotel, etc)*

A. **Does this address have a ramp or platform lift?** ☐ Yes ☐ No
B. **Does this address have steps outside, at the pick-up door?** ☐ Yes, How many? _____ ☐ No
C. **Are you able to walk up and down these steps?** ☐ Yes ☐ No _____

Emergency Contact: Please list someone we can contact in case of emergency.

Name: _____ **Relationship:** _____
(First) *(Last)*

Phone: _____ _____ **Email:** _____
(home) *(cell/other)*

Winnipeg Transit PLUS
VISITOR APPLICATION FORM

1. **What type of mobility aid do you use when travelling in the community?**
   Please list (e.g. cane, walker, wheelchair, oxygen, service animal, etc.)

   _____

2. **If using a wheelchair/scooter, please complete the following:**

   Make/model: _____ Overall width: _____Overall length: _____

   Note: Length: measure to the longest point. Width: measure outsides of hand rim of each wheel.

   Does your device have tie down brackets? ☐ Yes ☐ No _____

3. **To assign the correct vehicle, please provide your current height and weight:**

   Height_____ (ft/in) Weight_____(lbs)

4. **If applicable: Can you transfer independently from your wheelchair or scooter to the seat of a vehicle?** Please note: Passengers must transfer from a pedestal seat to a vehicle seat.

   ☐ Yes ☐ No

5. To travel unaccompanied, you must be able to recognize your destination on your own, seek help in an emergency and manage your care needs during travel. **Based on these requirements, are you able to travel unaccompanied?** ☐ Yes ☐ No

   Please explain:_____

DECLARATION AND AUTHORIZATION OF RELEASE OF INFORMATION

I, _____declare that the information provided on this application is accurate and true to the best of my knowledge. I understand that a false statement could lead to the review of my application for Winnipeg Transit Plus. I understand that Winnipeg Transit Plus reserves the right to request additional information from myself or those listed on this application form. I authorize the contact person(s) identified in this form to release pertinent information to The City of Winnipeg, Winnipeg Transit Plus Branch, as it relates to determining my eligibility and service delivery requirements for Winnipeg Transit Plus. I understand, that if Winnipeg Transit Plus is unable to obtain the information necessary, my application for Winnipeg Transit Plus may not be processed and will be placed on hold. I understand that Winnipeg Transit Plus may review my file at any time. This may include, but not limited to, a review of my eligibility, the need for a mandatory attendant, access to pick-up/drop off location, access to Winnipeg Transit Plus vehicles, equipment related issues.

Signature of Applicant: _____ Date: _____

If you are not the applicant, but have signed this application on the applicant's behalf, we require the following information. Please note: Only legal guardians and/or POA may sign on the applicant's behalf.

Name: _____ Relationship to applicant: _____

Address: _____ Telephone #: _____

Signature of representative: _____Date: _____