



LIMO Specialized Transit Application

City of Kawartha Lakes
89 St. David Street
Lindsay, ON K9V 5K2
705-324-3331
Fax: 705-324-1155
transit@kawarthalakes.ca

This two-part application package must be completed in full and signed by you and your health care professional. Section "A" contains questions about your ability or inability to use conventional public transit. Section "B" must be completed by your health care professional.

Completed applications must be forwarded by mail, email or fax to the LIMO Specialized Transit Office at:

City of Kawartha Lakes - LIMO Transit
89 St. David Street
Lindsay, Ontario K9V 5K2
fax: 705-324-1155

email: transit@kawarthalakes.ca

Section A: Personal Information

Applicant Information:

Title:

Mr.

Mrs.

Ms.

Name:

Address:

City/Town/Village:

Province:

Postal Code:

Phone:

Email:

Date of Birth (DD/MM/YY):

Name of Residence/Retirement Home (if applicable):

Briefly explain why LIMO Services are needed:

Emergency Contact Information:

Title:

Mr.

Mrs.

Ms.

Name:

Address:

City/Town/Village:

Province:

Postal Code:

Home Phone:

Cell Phone:

Work Phone:

Email:

I hereby authorize the City of Kawartha Lakes, and/or Public Works to determine my eligibility for LIMO Specialized Transit, and if deemed necessary to consult my physician or other medical professional who has provided information regarding my application for LIMO Specialized Transit Services.

Signature:

Date:

Signature of Person Signing for Applicant:

Date:

Relationship to Applicant:

Section B: For Completion by a Health Care Professional

Your patient has applied to LIMO Specialized Transit for use of this specialty service. LIMO Specialized Transit is a shared door to door public transit service for people with physical and/or functional disabilities who are unable to use conventional public transit. You are being asked by the applicant named in Section "A" to provide information regarding his/her ability to use conventional public transit (please refer to the eligibility criteria. The information you provide us will allow us to evaluate the request and provide appropriate service. Thank you for your assistance. If you have any questions please contact LIMO Specialized Transit at 705-324-3331 or transit@kawarthalakes.ca.

Name:

Phone:

Profession (check one):

- | | |
|--|--|
| <input type="radio"/> Licenced Optometrist/Ophthalmologist | <input type="radio"/> Licenced Physician |
| <input type="radio"/> Licenced Physical Therapist | <input type="radio"/> Certified Psychologist |
| <input type="radio"/> Certified Rehabilitation Specialist | <input type="radio"/> Chiropractor |
| <input type="radio"/> Physiotherapist | <input type="radio"/> Registered Nurse |

Please briefly explain why LIMO Services are needed:

Is the applicant able to walk a distance of 175 metres?

- | | |
|---------------------------|--------------------------|
| <input type="radio"/> Yes | <input type="radio"/> No |
|---------------------------|--------------------------|

Does the applicant require an attendant?

- | | |
|---------------------------|--------------------------|
| <input type="radio"/> Yes | <input type="radio"/> No |
|---------------------------|--------------------------|

Is the applicant at risk of falling?

- | | |
|---------------------------|--------------------------|
| <input type="radio"/> Yes | <input type="radio"/> No |
|---------------------------|--------------------------|

Does the applicant have cognitive limitations?

- | | |
|---------------------------|--------------------------|
| <input type="radio"/> Yes | <input type="radio"/> No |
|---------------------------|--------------------------|

Does the Applicant have the ability to ride a conventional public transit bus with the ability to hold on for support and balance?

- | | |
|---------------------------|--------------------------|
| <input type="radio"/> Yes | <input type="radio"/> No |
|---------------------------|--------------------------|

Does the applicant require any of the following aids? Please check all that apply:

- | | |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> White Cane | <input type="checkbox"/> Cane |
| <input type="checkbox"/> Oxygen | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> Wheelchair |
| <input type="checkbox"/> Scooter | <input type="checkbox"/> Other |

If you selected "Other" please provide additional information. Are there any other effects of the physical or functional limitations that LIMO Specialized Transit should be aware of?

In accordance with the eligibility criteria for LIMO Specialized Transit, I hereby certify that this applicant is unable to use conventional low floor transit vehicles or facilities, and unable to walk unaided a distance of 175 metres due to a condition identified on this application.

Medical/Health Practitioner Signature:

Date:

Contact Us:

City of Kawartha Lakes - LIMO Specialized Transit
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Lindsay, ON K9V 5K2
Phone: 705-324-3331
Fax: 705-324-1155

Before you mail, fax, email or deliver this Application, please double check that you have:

- Fully completed the Application and have double checked the information.
- Checked that your Healthcare Professional has completed Section "B" in full.
- Attached a letter from your day program or workplace where applicable verifying times and location.
- Made a photocopy of the Application for your records.

The personal information contained on this form is collected pursuant to the Municipal Act, 2001 and will be used for the purpose of responding to your request. Questions about the collection of this information should be directed to the City Clerk or Deputy Clerk at 705-324-9411 extension 1295 or 1322.

For Office Use Only:

Approved level of eligibility (check one):

- L-1 Denied Temporary

Registration Number Assigned upon Approval:

Date:

Initials:

Comments: