

Application for Service

Family Service Kent is committed to providing safe, accessible, and affordable transportation options for members of our community. With the right information from applicants, Family Service Kent can provide appropriate transportation. This registration form has been designed to assess your needs from the time you book your trip until you are safely delivered to your destination.

You or a designated person may fill out this form but if for any reason you need assistance, please call Family Service Kent at 519-354-6221 ext. 275. Forms can be faxed to 519-354-5152, emailed to advantage@familyservicekent.com, or mailed to 50 Adelaide St. South Chatham, ON N7M 6K7. **Please retain a copy for your personal files.**

Your transportation cost will be assessed according to your *total gross* household income*. A household is all family members living in the same home related by blood, marriage, common-law or adoption. Roommates are not considered part of the household. Adults are considered persons 18 years and over.

To help us determine this rate, please include *one* of the following with your Application Form:

- a. Most recent **Income Tax statement(s)** (only a copy of the page that states "Total Income" is required); OR
- b. Two (2) of the most recent, consecutive **pay stubs** for all persons contributing to the household income.

*Family Service Kent has an appeal form should you require financial assistance with your determined transportation fare.

PERSONAL INFORMATION:

Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>	
First Name: _____ Last Name: _____	
Date of Birth: _____	*Passengers under age 18 <u>MUST</u> be accompanied by a parent/guardian over age 18
Address: _____ Postal Code: _____	
Primary Phone #: _____	Secondary Phone #: _____ Email: _____
Mailing Address if different from above: _____	
Emergency Contact – Please name a person who does not normally travel with you.	
Name of Contact Person: _____	
Contact person's relationship to you: _____	
Primary Phone #: _____	Secondary Phone #: _____ Email: _____

INCOME INFORMATION:

Number of adults living in the household: _____ Annual household income (after tax): _____

Source of Income: Ontario Works ODSP Trustee CPP/OAS OW Other _____

Please indicate who the invoice or receipt is to be sent to:

Client Trustee Other (please specify): _____

ADDITIONAL INFORMATION:

Referral Source: ODSP OW Friend Family Self Other (please specify): _____

Client Self-Identity: Francophone Language: English French Other _____

Indigenous: First Nations Métis Inuit

DISPATCH INFORMATION:

Where is the location of the door you will be picked up at?

Front Back Side Other (please specify): _____

Is there a buzzer code? Yes No If yes, Buzzer Code Number: _____

Is your place of residence equipped with an accessibility ramp? Yes No Does not apply

Do you require a caregiver/support person to use transportation services? Yes No

Are there any safety concerns that the driver needs to be aware of? Yes (please specify): _____

Which primary mobility aid(s) do you use when traveling in the community?

Please check (✓) all that apply:

Long White Cane	<input type="checkbox"/>	Service Animal	<input type="checkbox"/>	Personal attendant	<input type="checkbox"/>
Walking Cane	<input type="checkbox"/>	Walker	<input type="checkbox"/>	Communication Devices	<input type="checkbox"/>
Leg Braces	<input type="checkbox"/>	Collapsible walker*	<input type="checkbox"/>	Interpreter/intervener	<input type="checkbox"/>
Prosthesis	<input type="checkbox"/>	Manual wheelchair*	<input type="checkbox"/>	Hearing Aid	<input type="checkbox"/>
Crutches	<input type="checkbox"/>	Powered wheelchair*	<input type="checkbox"/>	None	<input type="checkbox"/>
Oxygen Tank	<input type="checkbox"/>	Scooter*	<input type="checkbox"/>	Other _____	<input type="checkbox"/>

How are you presently travelling in the community? Please check (✓) all that apply:

Public Transit	<input type="checkbox"/>	Ride-share company	<input type="checkbox"/>	Staff drives me	<input type="checkbox"/>
Inter-Urban Transit	<input type="checkbox"/>	Friends drive me	<input type="checkbox"/>	Other (please specify):	<input type="checkbox"/>
Personal vehicle	<input type="checkbox"/>	Family drives me	<input type="checkbox"/>		
Taxi	<input type="checkbox"/>	Volunteers drive me	<input type="checkbox"/>		

If approved for adVANtage Transportation Service, when do you require service?

Summer only Autumn only Winter only Spring only All year around

If your service requirements are temporary, how long do you anticipate requiring the use of adVANtage?

3 months 6 months 1 year Other (please specify):

Name three (3) to four (4) destinations you would frequently travel to:

* NOTE: Family Service Kent vans cannot accommodate mobility aids larger than 34.5" (88cm) wide by 48" (122cm) long. Some mobility aids may also be restricted due to their height. The combined weight of the passenger and mobility aid cannot exceed 750lbs.

Passenger Rights & Responsibilities

1. Family Service Kent's adVANtage Transportation Service aims to provide transportation supports to rural and/or low-income individuals and families (0 – 60 years of age) in Chatham-Kent. The primary service areas include rural home and communities with the intent to connect rural passengers to pre-existing transportation services within Chatham-Kent (ex. public transit, train). Additionally, the program seeks to reduce social isolation and improve quality of life for Chatham-Kent residents who do not currently qualify for, or are presently underserved by, transit options.
2. This transportation service is offered on a first come, first serve basis and there may be times that drives cannot be provided. Passengers must provide the Transportation Office with at least 3 business days (72 hours) notice to book a drive, whenever possible. Short-notice requests may not be fulfilled, based on passenger capacity. Bookings made with short notice (1 day, or day-of notice) will be subject to a \$10.00 Administration Fee.
3. Passengers understand that drives will be provided to multiple passengers at the same time, based on destination. Passengers agree to treat other riders with respect.
4. Passengers agree to treat Family Service Kent staff with respect. Family Service Kent reserves the right to terminate services as a result of unsafe or disrespectful behaviours demonstrated by passengers.
5. Passengers agree to notify the Transportation Office of all stops they intend to make when booking the drive. Drives will not be provided to stops located outside Chatham-Kent. All stops need to be prearranged through the Transportation Office.
6. Drives are subject to a three (3) hour window. Additional fees of \$15/hr will be applied to driver wait times in excess of three (3) hours.
7. Passengers understand that our drivers are not caregivers. If a passenger needs assistance or is under the age of 18, a family member or caregiver must accompany them, free of charge.
8. Passengers understand that there is no smoking or vaping in the Family Service Kent vehicles.
9. At least twelve (12) hours' notice for trip cancellation is required. Family Service Kent reserves the right to charge a cancellation fee equal to 50% of the drive fee without twelve (12) or more hours' notice. Fees must be paid before any future drives can be booked.
10. Cash payment is due at the time of the drive unless prepaid prior to pick up or alternative arrangements have been made. We accept cash, debit, VISA and e-transfer (payment@familyservicekent.com).
11. Passengers are responsible for any parking charges and will bring money for parking.
12. Passengers must notify the Transportation Office of any changes in their mobility, income, address, contact and/or billing information.
13. Drivers have gone through a screening and training process. They have agreed to deliver safe, quality services that meet the needs of our community members. If passengers have a complaint or do not feel comfortable with a situation, please contact the program manager to discuss your complaint and the steps to resolve it. Please call 519-354-6221 ext. 230 to bring your concern to the attention of Jyl Panjer - Manager, Community Support Services.

CONSENT:

- The information I have provided for this application is true and complete.
- I give Family Service Kent my permission to check the information provided for the purpose of assessing my application.
- I have read and understand the Passenger Rights and Responsibilities.
- If I have a change of address, income, or mobility, I will notify the Transportation Coordinator immediately.

Please indicate who completed this form. If you completed this form yourself, sign here:

I hereby declare that the information provided above is true and correct and represents my condition.

Applicant's Signature: _____ Date: _____

If someone else completed the form on your behalf, please indicate below.

(ex. Legal Guardian, Health/Social Service Practitioner, Trustee completing the form for applicant)

Name (please print): _____

Signature: _____ Date: _____

Address: _____

Relationship to Applicant: _____

For Office use only:

Date Application Received: _____

Date Applicant was contacted: _____

Income verified: ____ Rate approved: _____ /km

Approved: ____ Refused: ____

Reason why application was refused at this time: _____

Name of Employee who reviewed application: _____

The personal information provided on this application is collected under the authority of *The Municipal Government Act* and section 33(c) of *The Freedom of Information and Protection of Privacy Act*. It will be used for the purpose of determining your eligibility for specialized transit and for the delivery of services only. Your information will not be shared or used for any other purpose without your consent.