

SAUGEEN MOBILITY

and REGIONAL TRANSIT

Box 40 Walkerton, ON N0G 2V0

519-881-2504

1-866-981-2504

dispatch@saugeenmobility.ca

saugeenmobility.ca

CLIENT REGISTRATION FORM

Please FULLY complete both sides, sign and return

CLIENT INFORMATION AND LOCATION - Required

Name _____

Residential Facility (if any) _____

Address _____

Town/Village _____ Postal Code _____

Telephone Number _____

BILLING INFORMATION - Please complete ONLY if different

Name _____

Address _____

Town/Village _____ Postal Code _____

Telephone Number _____

EMERGENCY/ALTERNATE CONTACTS - Required

Name _____

Telephone Number _____

Name _____

Telephone Number _____

Improving Quality of Life through Mobility

ATTENDANT

An attendant (family member, personal support worker, care facility worker, etc.) must be present to assist clients as needed onto and off of the vehicle.

An attendant may be required. Please enquire.

An attendant may travel with each client at no additional charge.

WHEELCHAIRS AND OTHER EQUIPMENT

Please indicate what mobility aids you are using.

If you are using a wheelchair, please provide the dimensions. This will assist us in sending the correct vehicle.

Chair Length _____ inches Chair Width _____ inches Electric? Y / N
Cane Y / N Walker Y / N Scooter Y / N Oxygen Y / N

Other _____

MEDICAL CONDITIONS AND OTHER INFORMATION

Please indicate any medical conditions or other information you feel our staff should know about.

INVOICES

Would you like your monthly invoices sent by email? Y / N

Your email: _____

CONFIDENTIALITY

Please be assured that all information collected on this form will be kept strictly confidential and will not be released without your permission.

A Signature is required. This form needs to be re-filed whenever information changes.

Signature _____ Date _____
Client, POA or other Representative

FOR OFFICE USE ONLY

Customer Code _____ Municipality Code _____

Staff Signature _____ Date _____