



## MOBILITY VAN TRANSPORTATION APPLICATION FORM

Date of Application: \_\_\_\_\_

### Personal Information:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Box Number: \_\_\_\_\_ City/Town: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### Medical Information:

Disability (Please Specify): \_\_\_\_\_

Please check the following equipment you use (check all that apply):

☐ wheelchair

☐ crutches

☐ cane

☐ walker

Do you transfer easily? ☐ yes ☐ no

List any possible problems or emergencies the driver should be aware of: \_\_\_\_\_

You are opting for this transportation service:

☐ Temporary (due to lack of taxi services)

☐ Indefinitely (not due to lack of taxi services)

### Billing Information:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_  
(Home/Office) (Cell Phone) (Other)

### Next of Kin Information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_  
(Home/Office) (Cell Phone) (Other)

Form Completed By (can be the applicant or someone on behalf of the applicant):

\_\_\_\_\_  
(Please Print) (Signature)

Phone: \_\_\_\_\_  
(Home/Office) (Cell Phone) (Other)

**Please note: Once approved, please call (306) 320-7051 to book the Mobility Van, when required.**

Approved by:

\_\_\_\_\_  
(City of Humboldt Authorized Representative)

\_\_\_\_\_  
(Date)

PLEASE RETURN COMPLETED FORM TO:

City Hall, Box 640, 715 Main Street, Humboldt, Saskatchewan, S0K 2A0