

SUBSCRIPTION REQUEST FORM FOR SPECIAL TRANSIT

460 Spencer Street SE Medicine Hat, AB T1A 1Y7

Please complete the information requested below IN FULL and submit to Medicine Hat Transit.
Once your application has been reviewed and a decision made, you will be contacted.

(You may wish to make a photocopy for yourself before submitting.)

• Phone: (403) 529-8214	• Fax: (403) 525-8894	• Email: mhtransit@medicinehat.ca	• Website: www.medicinehat.ca
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TODAY'S DATE (Month / Day / Year): _____

SECTION A: Client Information (Please PRINT Legibly)

1	APPLICANT'S INFORMATION:	
	First Name:	Last Name:
	Phone #:	Email:

SECTION B: Subscription Information

2	<input type="checkbox"/> New Subscription <input type="checkbox"/> Change to Existing Subscription (please describe change):		
3	Will a separate ongoing subscription be affected by this new request? <input type="checkbox"/> No <input type="checkbox"/> Yes (If Yes, describe):		
4	START DATE:	END DATE:	<input type="checkbox"/> NO END DATE
5	DAYS REQUIRED: <input type="checkbox"/> Monday <input type="checkbox"/> Friday <input type="checkbox"/> Tuesday <input type="checkbox"/> Saturday <input type="checkbox"/> Wednesday <input type="checkbox"/> Sunday <input type="checkbox"/> Thursday	PURPOSE OF TRIP: <input type="checkbox"/> Dialysis <input type="checkbox"/> Work/Volunteering <input type="checkbox"/> Education <input type="checkbox"/> Medical Therapy (e.g., BIRS, day programs, etc.) <input type="checkbox"/> Other (please describe): _____ <u>NOTE: Proof of purpose may be requested.</u>	

SECTION C: Attendant Requirement

6	Will you be bringing an attendant with you on this subscription trip? <input type="checkbox"/> No <input type="checkbox"/> Yes
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SECTION D: Mobility Aides

7 MOBILITY AIDES: (check all mobility aides that you plan to use for this subscription):

None Electric Wheelchair Manual Wheelchair Powered Scooter White Cane
 Cane Crutches Oxygen Walker Service Animal
 Other: _____

SECTION E: Trip Information (Be sure to include EVERY leg of your trip(s) below, including your trip home. No trip is ever assumed.)

Trip Legs	What time would you like to be picked up?	What is the <u>latest</u> time you can arrive at your destination?	FROM (Address <u>AND</u> building name if applicable)	TO (Address <u>AND</u> building name if applicable)
1	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
2	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
3	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		
4	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		

NOTE: If your home is your last destination, do not specify a time you need to arrive there by unless you have a specific reason to do so.

SECTION F: Information and Guidelines

- 8** Medicine Hat Transit provides a Subscription booking service for trips that occur at the same time(s), on the same day(s), and to and from the same location(s). The following must be adhered to:
- Subscription trips can only be made for employment, education or medical purposes with a minimum 4-week time frame.
 - Proof of the purpose of your trip may be requested.
 - A second subscription request requires a new Subscription Request Form.
 - A change to an existing subscription requires a new Subscription Request Form.
 - Changing or adding a one-off trip to your subscription is NOT permitted. However, 'casual' bookings with a minimum 2-hour time frame can be made up to 2 weeks in advance, subject to availability.
 - Subscription bookings will be made on a first-come first-served basis.
 - Up to 2 weeks' notice may be required before any changes will be made to a subscription booking.

- h. When stating a pick-up time, be aware that pick-up will occur within 10 minutes on either side of that time.
- i. All subscription trips, with the exception of dialysis appointments, are automatically canceled on statutory holidays.
- j. Casual bookings on statutory holidays can be made up to 2 weeks in advance, subject to availability.
- k. Special Transit does **not** operate on Good Friday or December 25.

SECTION G: Name of Person Completing This Form

- 9 The Applicant is completing this form.
- Someone other than the Applicant is completing this form; information provided below:

Name	Phone #	Relationship	Email Address
	Extension: _____		

Are you affiliated with Care Facility or Group Home? Yes No

If yes, Group Home or Facility's name: _____

SECTION H: Acknowledgement and Agreement to Terms

10 I hereby declare that the information provided on this application is true and correct and represents my condition. I agree to abide by all the terms and conditions as outlined in the "Information for Service Eligibility-Special Transit" that I have been provided with. I **understand that if any information is missing, my application will be denied or delayed.**

Applicant's Signature

Date

If Applicant is unable to sign, one of the contacts listed above may agree on behalf of the Applicant that the Applicant (OR Caregiver) has read and/or understands and agrees to the terms and conditions as outlined above.

ACKNOWLEDGEMENT AND AGREEMENT TO TERMS ON APPLICANT'S BEHALF:

Print Name

Relationship

Date

SECTION I: Who Should Be Contacted to Advise of Approval or Denial of this Request?

- 11 The Applicant should be contacted to advise of approval or denial of this request.
- Please contact the person noted in Section G above to advise of approval or denial of this subscription request.