



Sunshine Coach Service
 44 Railway Avenue, Renfrew, Ontario K7V 3B1
 Telephone: (613)-432-2134 Fax: (613) 432-0957
 E-mail: sunshinecoach@sunshinecoach.ca
 Website: www.sunshinecoach.ca



Application For Transportation

Sunshine Coach Service provides transportation for people in Renfrew and area who are living with disabilities that render the use of conventional modes of public transportation inappropriate to their needs.

Applicant Information				
Name:			Telephone:	
Address:				
City:		Province:		Postal Code:
E-Mail Address:				
Age of Applicant				
Under 15 <input type="checkbox"/>	15 – 25 <input type="checkbox"/>	26 – 45 <input type="checkbox"/>	46 – 80 <input type="checkbox"/>	Over 80 <input type="checkbox"/>
Please explain your disability including special considerations required in providing transportation to meet your needs.				
Please check all boxes below that apply to you:				
Wheelchair <input type="checkbox"/>	Walker <input type="checkbox"/>	Crutches <input type="checkbox"/>	Scooter <input type="checkbox"/>	Other Aid <input type="checkbox"/>
<i>Please Note: Our drivers provide careful and courteous service from accessible street level door to accessible street level door. They are not permitted to enter any building to provide personal assistance. If further help is required or stairs are involved, at either your point of departure or at your destination, please ensure that you have made suitable arrangements for an attendant to assist you. Your attendant will not be charged a fare to accompany you on your trip if required.</i>				
Please provide information for a primary and a secondary person who might be contacted in the event of unforeseen difficulties:				
Primary Contact Person				
Name:				
Address:				
City:		Province:		Postal Code:
Telephone:		Cell:		
E-Mail Address:				
Secondary Contact Person				
Name:				
Address:				
City:		Province:		Postal Code:
Telephone:		Cell:		
E-Mail Address:				
Applicant Signature				
I understand that the information collected in this application form is strictly for the use of the Sunshine Coach Service and will be confidentially maintained in our files, electronic and/or hard copy data bases. None of this information will be shared with any other agency or organization not directly associated with the operations of the Sunshine Coach Service.				
Your Signature:			Date:	

...../2 (Doctor's Section)

