

# **SAUGEEN MOBILITY**

**and REGIONAL TRANSIT**

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saugeenmobility.ca

## **CLIENT REGISTRATION FORM**

### **CLIENT INFORMATION AND LOCATION**

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 CONTACTS**

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

***local and personal since 1977***

**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.

Attendants may travel with clients at no additional charge.

**WHEELCHAIRS AND OTHER EQUIPMENT**

Please indicate what type of wheelchair you are using and what other equipment you are using to assist with your mobility.

Regular chair \_\_\_\_\_ Geri-chair \_\_\_\_\_ Over-sized \_\_\_\_\_ Electric \_\_\_\_\_

Cane \_\_\_\_\_ Walker \_\_\_\_\_ Scooter \_\_\_\_\_ Oxygen \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

**MEDICAL CONDITIONS AND OTHER INFORMATION**

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CONFIDENTIALITY**

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

Signature \_\_\_\_\_

Client, POA or other Representative

Date \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Customer Code \_\_\_\_\_

Municipality Code \_\_\_\_\_

Staff Signature \_\_\_\_\_

Date \_\_\_\_\_