

**Application for Eligibility for
Greater Sudbury GOVA Plus**



(Effective August 2019)

Please answer all the questions on this form.

To be completed by the Applicant or by an Authorized Designate on behalf of the Applicant.

To protect your personal privacy, do not fax this form. We have provided a mailing address at the bottom of this form.

Part 1: Personal Contact Information

Applicant:	Male:	Female:
Date of Birth:		

Last Name:	
First Name:	Middle Initial:

Residence Address:		
Apartment Number:	City:	Postal Code:
Mailing Address (if different from above):		
If you live in a private home or apartment complex, can you provide additional details regarding your address that will help GOVA Plus operators find your residence? For example, name of your apartment complex, directions from major roads or intersections, colour of your house, landmarks, etc.		

Home Phone: (705)	Cell Phone: () (please provide area code)
Work Phone: (705)	Ext.
TTY: (705)	
Email address:	

Part 2: Emergency Contact Information

Primary Contact:

Name:	
Relationship to Applicant:	
Home Phone: (705)	Cell Phone: () (please provide area code)
Work Phone: (705)	Ext.
TTY: (705)	
Email address:	
Residential Address:	
Mailing Address (if different from above):	

Secondary Contact:

Name:	
Relationship to Applicant:	
Home Phone: (705)	Cell Phone: () (please provide area code)
Work Phone: (705)	Ext.
TTY: (705)	
Email address:	
Residential Address:	
Mailing Address (if different from above):	

Please check the type(s) of transportation you are able to use with some support. Please check all that apply.	
Accessible Passenger Bus (i.e. Handi-Transit / GOVA Plus)	
Adapted Taxi Cab with ramp (when available)	
Greater Sudbury GOVA Transit bus (when ramp is lowered)	
Greater Sudbury GOVA Transit bus (low floor but ramp is not necessary)	
Standard Taxi Cab (with support)	
Other (please explain)	

Do you require a support person while travelling? A support person is a person specifically employed or designated by you to assist with your daily living needs, including travel.

Yes	No
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Briefly describe the support you require when travelling (i.e. you must be lifted into vehicles, your required mobility aid must be placed into vehicles, you need assistance to find your way around the city, you require a visual display of upcoming bus stops or an audio announcement of upcoming bus stops, etc.)

Please check the type(s) of mobility aids you use when travelling in the community. Please check all that apply.					
*Powered Wheelchair		*Manual Wheelchair		Alphabet Board	
Picture Board		Oxygen Tank		*Scooter	
Walker		Support Cane(s)		Leg Brace	
Crutches		White Cane		Service Animal	
Hearing Aid(s)		None		Other	
Other (please explain)					

Can you transfer independently from a scooter to the seat of a bus?		
Yes	No	Sometimes

Can you walk up and down one 11 inch (28 cm) step with a handrail, without assistance from another person?		
Yes	No	Sometimes

Part 4: Permissions and Protection of Privacy (to be read and signed by Applicant)

I understand that the purpose of this application form is to determine whether I am eligible to be a permanent, temporary or occasional client of Greater Sudbury GOVA Plus. I understand the personal/medical information provided on this form is confidential and will only be shared with designated employees of Greater Sudbury Transit for the purpose of processing this application.

I give permission to designated employees of Greater Sudbury Transit to contact either myself or the Authorized Designate who has completed this form on my behalf for further information to determine my eligibility for GOVA Plus.

I certify to the best of my knowledge, the information provided on this form is true and correct. I understand that providing false or misleading information could result in the termination of my eligibility for GOVA Plus service.

Personal Privacy: The personal information collected on this form is subject to the provisions of the Freedom of Information and Protection of Privacy Act (FIPPA) and the Personal Health Information Protection Act (PHIPA). The information collected on this form will not be shared with anyone other than as set out in the previous consent above and will not be used for any purpose other than for eligibility and service delivery for GOVA Plus.

Signature of Applicant or Mark Witnessed by Authorized Designate

Name of Applicant (please print):

Date of Application:

Part 5: Certification By Authorized Designate (if this form has been completed by someone other than the Applicant). Please check one.

I certify that the information in this application is true and correct based upon the information given to me by the Applicant.	
I certify that the information provided in this application is true and correct based upon my own knowledge of the Applicant's health condition or disability and/or I have legal authority to complete this application.	
Print Name:	
Agency Name (if applicable):	
Relationship to Applicant:	
Address:	
Day Phone: ()	
Signature:	Date:

You may mail your completed application to:

Greater Sudbury Transit

Attention: GOVA Plus

Tom Davies Square

200 Brady Street

PO Box 5000, Stn A

Sudbury ON P3A 5P3

If you have physical or cognitive disabilities and may be able to ride Greater Sudbury GOVA Transit buses, you will be asked to schedule an appointment with an Eligibility Assessment Advisor. The advisor is an independent professional. There will be no charge to you for your appointment.

Registered clients of Handi-Transit/GOVA Plus may book transportation to their appointment with the Eligibility Assessment Advisor. Persons who are not registered as GOVA Plus clients are responsible for their own transportation.

The Eligibility Assessment Advisor will give special consideration to time of year. For example, some clients may be able to use conventional transit in the spring and summer but will require GOVA Plus in the fall and winter months.

If you disagree with the recommendation(s) of the Eligibility Assessment Advisor, you will have the option of appealing the decision to the Hearing Committee of Greater Sudbury Council.

We will endeavour to process and reply to your Application for Eligibility for Greater Sudbury GOVA Plus within 14 days of receipt of your application.