



City of Melfort
Special Needs Transit Committee
Application

Registration No. _____

Phone: 306-752-5911
www.cityofmelfort.ca

(Please print clearly)

NAME: (surname) (given names) PHONE: _____

STREET ADDRESS: _____

MAILING ADDRESS: _____

DATE OF BIRTH: _____ SEX: M / F (circle one)

PRESENT LIVING ACCOMMODATION:

- House, Apartment, Sr. Citizen's Home, Special Care Home, Private Care home, Hospital: _____

FAMILY PHYSICIAN: _____

OTHER PROFESSIONAL: _____

MOBILITY:

- Wheelchair, Wheelchair (Temporary), Walk with assistance, Walks independently

MENTAL/EMOTIONAL STATUS:

COMPREHENSION: Unimpaired, Mildly impaired, Severely impaired

COMMENTS: (Summarize significant difficulties of daily living - use opposite side of form if required)

EMERGENCY CONTACT - NEXT OF KIN OR RESPONSIBLE PERSON:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

PHONE: Home _____ Work: _____ Cell: _____

Signature of Applicant _____ Date _____

Return completed form to the Special Needs Transit Operator or the City Office, 202 Burrows Avenue West
For Office Use Only

Approved: Yes No Further Info Required Date: _____

Director, Works & Utilities Comments: _____