



LACLOCHE CARE VAN APPLICATION

A. Eligibility Guideline

Special transit services are intended for persons who are:

- A resident of Baldwin, Espanola, Nairn & Hyman, or Sables-Spanish Rivers
- 55 years of age or older
- Suffer from a physical, mental, medical, developmental, or other disability that affects their mobility

For transportation to Sudbury:

- Riders must have a pre-booked medical or dental appointment at HSN Ramsey Lake Health Centre (41 Ramsey Lake Road) or Medical Arts Centre (2009 Long Lake Road).

Note: Eligible participants will be notified once their application has been approved.

B. Personal Information

Name: _____

Address: _____

Telephone: _____

Email Address: _____

Emergency Contact
Name & Phone Number: _____

Secondary Contact Name
& Phone Number: _____

C. Criteria Information

1. Is the applicant 55 years of age or older? Yes No
2. Does the applicant have a disability? Yes No
3. Describe the disability, its severity and its impact on the applicant's mobility.

4. Does the applicant use mobility aids? Yes No
Wheelchair Electric Wheelchair Scooter Crutches
Walker Cane(s) Other

5. For what time period does the applicant require the services of the Care Van?
Permanent Temporary

6. To what destination does the applicant require the services of the Care Van?
Sudbury Espanola (**non-Espanola residents only**) Both

I HEREBY CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM IS ACCURATE AND THAT THE APPLICANT MEETS THE ELIGIBILITY GUIDELINE FOR THE LACLOCHE CARE VAN.

Signature _____

Date _____

For office use only:

Please select which category of eligibility applies.

Unconditional Temporary Conditional

**NOTICE UNDER
THE MUNICIPAL FREEDOM OF INFORMATION AND
PROTECTION OF PRIVACY ACT**

The LaCloche Care Van service is managed by the Town of Espanola on behalf of the LaCloche Foothills Municipal Association. Personal information is being collected by the Corporation of the Town of Espanola under the authority of the *Municipal Act, 2001* and will be used, maintained and disclosed in accordance with the *Municipal Freedom of Information and Protection of Privacy Act*.

Information collected on this form and indirectly will be used for the following purposes:

1. To determine the eligibility of the applicant for Care Van ridership.
2. To provide to responders in the event of an emergency.
3. Information submitted by applicants may be shared with officials of the Corporation of the Town of Espanola and the Care Van Operator.

The Town Official who can answer questions about the collection and disclosure of information is:

Joseph Burke, CAO/Clerk
100 Tudhope Street, Suite #2, Espanola, ON P5E 1S6

Telephone: (705) 869-1540
Fax: (705) 869-0083
Email: town@espanola.ca

ACKNOWLEDGEMENT AND CONSENT

I/We have read and understand the above **NOTICE UNDER THE MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT** and consent to the indirect collection of personal information by the Town of Espanola and consent to the use and disclosure of such personal information as described in the above **NOTICE**.

Signature: _____

Date: _____