



Parkland Ability Centre

162 Ball Road, Box 5011 Yorkton SK, S3N 3Z4
Phone: 833-444-4126 Fax: 782-7844
Email: yorkton@saskabilities.ca
www.saskabilities.ca

REGISTRATION FOR ACCESS TRANSIT

Please fill in all required information

NAME _____

(If residence is in a Nursing Home, please state which unit ie: Jowsey, Country Meadows ect .)

PHONE _____ **CONTACT PERSON** _____

ADDRESS _____

CITY _____ **POSTAL CODE** _____

PASSENGER SIGNATURE _____

DEFINITION OF ELIGIBILITY

ACCESS TRANSIT services are for people who reside within the Yorkton city limits and are unable to use any form of public transit services because of mobility issues. This includes wheelchairs, walkers and or unable to climb stairs. Your eligibility is further determined by an assessment process and verification by a medical practitioner.

To be filled out by Medical Professional

NATURE OF DISABILITY _____

WHEEL CHAIR YES _____ **PERMANENT** _____ **TEMPORARY** _____

Walker YES _____

Mobility YES _____

Name of Medical Professional (PRINT) _____

SIGNATURE _____ Doctor / P.T/ O.T/ D.O.C

FOR OFFICE USE ONLY

APPROVED BY _____ **DATE** _____

CARD NO _____