



Parkland Ability Centre

162 Ball Road, Box 5011 Yorkton SK, S3N 3Z4
Phone: 782-2463 Fax: 782-7844
Email: yorkton@abilitiescouncil.sk.ca
www.abilitiescouncil.sk.ca

REGISTRATION FOR ACCESS TRANSIT

Please print out all required information

NAME _____

(If residence is in a Nursing Home, please use that information for the following.)

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 regular transit services because of a disability. This includes any type of disability which prevents you from getting on or off a regular transit bus, or prevents you from getting to or from your home to a regular transit bus stop. 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 / NO **PERMANENT** _____ **TEMPORARY** _____

If temporary, estimate length of time: _____

Name of Medical Professional (PRINT) _____

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

FOR OFFICE USE ONLY

APPROVED BY _____ **DATE** _____

CARD NO _____