



Policy Manual

CS.R-4.001 – Benefits Program Appendix B – Transportation Grant Application Form

CONTACT INFORMATION	
Applicant Name	
Mailing Address	
Legal Land Location/Blue Sign	
Daytime Phone	Email

Select “Yes” in **ONE** of the categories below to qualify for the program.

Are you 65 years old or older? If “Yes”, please provide a copy of a piece of ID that confirms your age. <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you low income? If “Yes”, please provide a copy of your Notice of Assessment or Proof of Assessment issued to you by Revenue Canada (in accordance with FOIP Section 17). <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a disability? If “Yes”, please provide a doctor’s note or proof of disability. <input type="checkbox"/> Yes <input type="checkbox"/> No

IMPORTANT: Please complete **ALL** fields in full and ensure to collect the clinic stamp from the receptionist at the time of your appointment ***see reverse side for details***. Alternately, the clinic may be able to print a confirmation of the appointment for you.

NOTE: Please ensure that spouses are not claiming for the same trip.

Applicant’s Signature

Date

FOR OFFICE USE ONLY	
Copies of Documents Attached <input type="checkbox"/> Yes <input type="checkbox"/> No	Received Stamp

[illegible]