

R LLS

Port Hope's Special Transit Service

Who is eligible to use the service?

Any resident of the Municipality of Port Hope, who because of a physical disability, is unable to board regular public transit.

Service is currently restricted to Ward 1.

How do I register?

If you have a physical disability and are interested in using the Service, please fill out the application and forward to the Municipality of Port Hope.

How does the service work?

Burt Transportation has one radio dispatched mobility van, equipped with an automatic ramp for wheelchairs. By phoning Burt Transportation, you can book a ride to any destination in the Municipality of Port Hope, Ward 1.

The service is accessible door to accessible door with driver assistance to board and de-board the van.

What is the fare?

The fare is \$2.00 per one way trip, regardless of distance traveled. There is no charge for the person assisting the disabled rider. Please note that our drivers do not carry change. Please have the exact fare with you.

How to make reservations:

To make a reservation call 1-877-284-7433. Advise the dispatcher of the following:

1. Your name
2. Date and time of trip
3. Pick up address
4. Destination and time you wish to arrive
5. Purpose of trip
6. Pick up time for return trip
7. Will anyone be accompanying you
8. Are you confined to a wheelchair

If you have to cancel your trip, please advise the dispatch office as soon as possible.

In order to reach a Cobourg destination you may take the Rolls to the terminus of the Accessible Shuttle Bus (regular bus fare).

There is a \$25.00 charge each way for trips to the Northumberland Hills Hospital using the Rolls Van, based on availability. No Receipts.

When the van arrives:

1. Be ready to board. Please don't keep other passengers waiting.
2. Show the driver your Membership Card and pay your fare.
3. The driver will assist you in boarding and de-boarding the van.
4. The driver is only required to wait five (5) minutes.

Please note:

1. You may have to share your ride with others. As a result, allow more time for your trip than you would if riding in a car or taxi.
2. Smoking is prohibited.

OPERATED BY:

Burt Transportation Service
8811 Keele St.
Vaughan, ON L4K 2N1

For Reservations Call
1-877-284-RIDE (7433)

It would be appreciated if you could give us at least 24 hours notice, except in emergencies. Please try to book your reservation as soon as you have made or been advised of your medical or other appointment.

Service available to qualified residents for travel to and from:

Work	Visiting
School	Entertainment
Appointments	Recreation
Shopping	Other

Hours of Operation:
Monday through Friday
7 a.m. to 9 p.m.
Saturday
9:00 a.m. to 5:00 p.m.
(holidays excepted).

FOR INFORMATION call Works and Engineering: 905-885-2431

R LLS

Port Hope's Special Transit Service



Provided by:

The Municipality of Port Hope



Application

(Applicants to fill out this form and have it signed by their attending professional)

NAME _____

Return to:
Administration Office
Town Hall
56 Queen Street
Port Hope, ON, L1A 3Z9
Fax: 905-885-0507

ADDRESS _____

POSTAL CODE _____ TELEPHONE _____

EMAIL _____ DATE FORM COMPLETED _____

Probable type of trip:	Location	Frequency
Hospital	_____	_____
Shopping	_____	_____
Educational	_____	_____
Employment	_____	_____
Medical	_____	_____
Recreational	_____	_____
Other	_____	_____

Eligibility Details

Is your disability? Permanent Temporary If temporary, approximately how long? _____

Do you use a wheelchair? Yes No

If yes, is it? Standard Electric

If you do not use a wheelchair, do you walk with an assistive device? Yes No

If yes, please specify the type used: _____

Do you travel with a companion? Yes No

Name of person to contact in an emergency

Name: _____

Phone Number: _____

I hereby apply for ROLLS and certify that I am unable to use regular public transportation because of my physical disability.

Applicant's signature

Date

This section to be completed by attending professional (e.g. Physician, Registered Nurse, Physiotherapist, Chiropractor, etc).

Name and title of Professional (Please print)

Signature of Professional

Address

Telephone

Fax No.