



# Application for Youth (between 13 to 24 years of age)

## Application Instructions

Applicants must complete sections A, B, C and D

### A. Personal Information

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male  Female

Address: \_\_\_\_\_ Apartment or Unit : \_\_\_\_\_

City or Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cellular Number: \_\_\_\_\_

Email: \_\_\_\_\_

### B. Emergency Contacts

Please provide the names of two persons to be contacted in case of emergency. One must reside at a different address and phone number than the applicant and one must be next of kin.

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apartment or Unit: \_\_\_\_\_

City or Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Relationship to client: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apartment or Unit: \_\_\_\_\_

City or Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Relationship to client: \_\_\_\_\_

### C. Does the Applicant Use Mobility Aids?

Yes  No

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If so, please indicate which ones

- |                                     |  |                                     |                                  |
|-------------------------------------|--|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Wheelchair | <input type="checkbox"/> Electric Wheelchair | <input type="checkbox"/> Cane       | <input type="checkbox"/> Scooter |
| <input type="checkbox"/> Walker     | <input type="checkbox"/> Crutches            | <input type="checkbox"/> Leg Braces |                                  |

Other: \_\_\_\_\_

Are there any other physical factors limiting the applicant's mobility? If yes, please explain:

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### D. Proof of Age

Persons registering as youth to use the Youth Taxi Scrip Program must submit proof that they are between the ages of 13 to 24 and/or possess a valid Halton Hills Student Identification Card. Please attach a photocopy of each of the following documents. Please do not submit original documents.

- Halton Hills Student ID Card
- Proof of Age (please specify type of identification supplied): \_\_\_\_\_

### For Office Use Only

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Registration Number Assigned: \_\_\_\_\_

The personal information on this form is collected under the authority of Section 11 of the Municipal Act, as amended. The information is used for the purpose of processing this application and administering the program. Questions regarding the collection of this information should be directed to the Town's Transit Supervisor at 905-873-2600 ext. 2617 or [activan@haltonhills.ca](mailto:activan@haltonhills.ca)

### Town of Halton Hills Transportation & Public Works

1 Halton Hills Drive, Halton Hills ON L7G 5G2

General Inquiry: 905-702-6435

Fax: 905-873-8192

Website: [www.haltonhills.ca/transit](http://www.haltonhills.ca/transit)

Email: [activan@haltonhills.ca](mailto:activan@haltonhills.ca)