



## **TRANSPORTATION GRANT PROGRAM FOR SENIORS AND PERSONS WITH DISABILITIES APPLICATION**

The Transportation Grant Program for Seniors and Persons with Disabilities Grant Program is a Transportation Voucher Program that provides 12 vouchers twice a year to qualified recipients. Vouchers can be used in lieu of fare on Public Transit, and in a taxi (*restrictions apply*).

The Transportation Grant Program is not a low income subsidy program or a program for individuals who have lost their licence due to motor vehicle infractions, are at risk of losing their licence due to a non-medical matter, or are unable to afford the costs associated with the operation of a motor vehicle.

### **QUALIFICATIONS:**

1. Resident of Whitecourt (lives within corporate limits).
2. Applicants:
  - Must be 65 years of age or older (proof of age is required); or
  - Must be receiving Assured Income for the Severely Handicapped (AISH) benefits (proof of approval is required); or
  - Must be under 65 years, not receiving AISH benefits, and have a cognitive or physical impairment of a permanent or temporary nature (doctor assessed).
3. A medical confirmation approved by a physician is required for disabled applicants under the age of 65, not receiving AISH.
  - Physical Impairment: This applies to Applicants with a short- term, long-term or permanent disability that is derived from special birth conditions, disease, or accident that would prevent the individual from obtaining a driver's licence, or for those with a valid driver's licence, the individual is medically restricted from operating a motor vehicle. Normal motor activity is accomplished with assistance of some aid (i.e. wheelchair, cane, brace, or walker).
  - Cognitive Disability: This applies to Applicants with a short-term, long term, or permanent cognitive disability that is derived from special birth condition, disease or accident that would prevent the individual from obtaining a driver's licence, or for those with a valid driver's licence, the individual is medically restricted from operating a motor vehicle.

## **RULES OF USE FOR VOUCHERS**

1. A set of 12 vouchers is issued twice a year to qualified recipients: 12 vouchers for use between April and September, and 12 for use between October and March.
2. Each month vouchers are not picked up, the set of 12 will be reduced by 2 vouchers (pro-rated).
3. Vouchers are non-transferable and hold no cash value.
4. Vouchers are used in lieu of fare for travel within the corporate limits of the Town of Whitecourt on Public Transit and in a taxi (restrictions apply).
5. Vouchers are good for travel in a taxi only when Public Transit is not operating. Only one voucher per trip is needed, regardless of the number of riders, providing all riders are dropped off at the same destination. Each voucher is valid for any trip point to point within Whitecourt, with a \$3.65 charge per voucher (GST included). Substituting additional tickets for the \$3.65 fee is not acceptable.
6. Vouchers can only be used with Cesar's Cabs (780-262-0200) or Candy's Cabs (780-778-1616).
7. Each voucher used must be signed by the user. If using a taxi, the driver must sign the voucher and document the day and time the fare took place.
8. Abuse of the voucher system outside of the rules of use as noted may result in the user being disqualified from further access to the Transportation Grant Program.
9. Monthly passes are available for purchase at the Allan & Jean Millar Centre for Public Transit at a reduced rate of \$40.00 per month for approved applicants.

Return completed forms to the **Allan & Jean Millar Centre**:

- Drop off: 58 Sunset Boulevard.
- By mail: Box 509, Whitecourt AB T7S 1N6, Attention Community Services Secretary
- Email: [css@whitecourt.ca](mailto:css@whitecourt.ca)

**For more information, contact the Community Services Secretary at:**

**780-778-6300 or [css@whitecourt.ca](mailto:css@whitecourt.ca)**

**[www.whitecourt.ca](http://www.whitecourt.ca).**

*The personal information collected through the Transportation Grant Program is for the purpose of processing applications, including eligibility, review, and communication of decisions. This collection is authorized per section 4(c) of the Protection of Privacy Act. For questions about the collection of personal information, contact the Town of Whitecourt Administration Office at [administration@whitecourt.ca](mailto:administration@whitecourt.ca) or 780-778-2273.*

**TRANSPORTATION GRANT PROGRAM FOR SENIORS AND PERSONS WITH DISABILITIES**  
**PART A - APPLICANT INFORMATION**



*To be completed by all applicants-PLEASE PRINT CLEARLY*

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**Applicant Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
(month / day / year)

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Please select one of the following:

- ☐ 65 years of age or older (*proof of age is required*).
- ☐ Receiving benefits through Assured Income for the Severely Handicapped (AISH) (*Proof of approval is required*).
- ☐ Persons under 65 years of age, not on AISH, with a physical disability.  
**Medical confirmation is required to qualify.** *This applies to applicants with a short-term, long-term, or permanent physical disability that is derived from special birth conditions, disease, or accident that would prevent the individual from obtaining a driver's licence, or for those with a valid driver's licence, the individual is medically restricted from operating a motor vehicle.*
- ☐ Persons under 65 years of age, not on AISH, with a mental disability.  
**Medical confirmation is required to qualify.** *This applies to applicants with a short-term, long-term, or permanent mental disability that is derived from special birth conditions, disease, or accident that would prevent the individual from obtaining a driver's licence, or for those with a valid driver's licence, the individual is medically restricted from operating a motor vehicle.*

*I hereby make application for the Transportation Grant Program. I certify that I am eligible according to the criteria outlined above and that I am aware of the rules for use of the vouchers and agree to abide by such rules.*

Date \_\_\_\_\_  
(month / day / year)

Signature \_\_\_\_\_

**FOR OFFICE USE ONLY** Approved By: \_\_\_\_\_

Date: \_\_\_\_\_

**TRANSPORTATION GRANT PROGRAM FOR SENIORS AND PERSONS WITH DISABILITIES**  
**PART B - MEDICAL CONFIRMATION FORM**

*To be completed by a Physician for individuals under 65 and not on AISH*



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**Applicant Name** \_\_\_\_\_

**Applicant Address** \_\_\_\_\_

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**CRITERIA FOR PROGRAM**

1. Must be a resident of Whitecourt. (lives within corporate limits)
2. Persons under 65 years of age with Physical Disability.  
*This applies to applicants with a short-term, long term, or permanent physical impairment. Impairment means that normal motor activity is accomplished with assistance of some aid. (i.e. wheelchair, cane, brace, or walker). This applies to applicants with a short-term, long term, or permanent physical disability that is derived from special birth condition, disease, or accident that would prevent the individual from obtaining a driver's licence, or for those with a valid driver's licence, the individual is medically restricted from operating a motor vehicle.*
3. Persons under 65 years of age with Mental Disability.  
*This applies to applicants with a short-term, long-term, or permanent mental disability that is derived from special birth condition, disease, or accident that would prevent the individual from obtaining a driver's licence, or for those with a valid driver's licence, the individual is medically restricted from operating a motor vehicle.*

**As the Applicant's physician, please complete the following questions based on the above criteria.**

1. According to the criteria, is the Applicant eligible for transportation vouchers?

☐ Yes      ☐ No

If eligible, please indicate for what reason:

\_\_\_\_\_

2. Will the Applicant require vouchers on a permanent basis?

☐ Yes      ☐ No

If no, what is the expected duration that the vouchers will be required? \_\_\_\_\_

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Physician Name (*please print*)

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Physician Signature

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Date