

**PARATRANSIT SERVICE
FILE UPDATE FORM****1. Personal information Update**

Last name : _____ First name: _____

Client number: _____ Year of birth : _____

Address : _____

Email address : _____

I agree to receive information or offers from my paratransit service organization.

Yes No **Telephone :**

Home : _____ Mobile : _____ Work : _____

2. Can be left alone (cognitive impairment, intellectual disability, Alzheimer's)**Can the person be left alone? Yes No**

A person who is not autonomous cannot be left alone unattended. The driver must ensure that a manager takes charge of the client before leaving the premises.

3. Medical condition**Has your medical condition changed recently affecting your ability to travel with paratransit ?**

4. Mobility aids**What mobility aid(s) are used regularly to facilitate outdoor travel?**

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5. Please specify the size of your wheelchair (motorized and manual) or scooter

1. Maximum height : _____
(from the ground to the highest part)

2. Maximum length : _____
(from the rearmost to the foremost point)

3. Maximum width : _____

6. Emergency contact

Last Name :	First name :
Home telephone :	Mobile number:
Last Name :	First name :
Home telephone :	Mobile number:

I, the undersigned, _____ certify that the information provided is accurate

Signature : _____ Date : _____