



Vehicle exception request form

Section A: Customer information

To be completed by customers requesting vehicle exception.

Customer first name: _____

Customer last name: _____

Wheel-Trans ID #: _____

Date of birth: _____

Phone number: _____

Email address: _____

Qualifying statement

Wheel-Trans provides vehicles based on what is assigned by the scheduling system. When customers limit the types of vehicles they can travel on, it may limit the number of trip options that are available to them. Therefore, customers are encouraged, where possible, to make a reasonable attempt to self-accommodate their disability, prior to requesting a specific vehicle exception.

Please check the box indicated you have read the qualifying statement.

I have read the qualifying statement (above) and understand that vehicle exception(s) may limit the trip options available to me. I also understand that if a vehicle exception is placed on my file, I will require medical documentation to remove it.....

Customer signature: _____

Date: _____



Wheel-Trans currently offers the following vehicle types:

A) Wheel-Trans ProMaster Buses

Low-floor specialized transit bus, equipped with rear/side ramps and large interior space. Can accommodate multiple large mobility devices.



B) Wheel-Trans ProMaster Accessible Van

Low-floor mini-bus, with both side and rear-ramp.



C) Accessible Taxi vans

Accessible mini-van, with ramp.



D) Sedan Taxis

Regular sedan vehicle.



Section B: Health Care Professional

To be completed by one of these health care professionals: Physician, Psychiatrist, Physiotherapist, Optometrist, Audiologist, Psychologist, Chiropractor, Occupational Therapist, Speech Language Pathologist, Certified Orientation & Mobility Specialist, Registered Nurse or regulated/licensed MSW (Master of Social Work) according to the nature of the applicant's disability(ies) and supporting the customer's request for a vehicle exception based on their disability(ies).

1. Approximately how long have you been treating this customer? _____

2. Which of the following vehicle types is this customer unable to travel in? (Please check)

- a. Wheel-Trans ProMaster Buses
- b. Wheel-Trans ProMaster Accessible Van
- c. Accessible Taxi Vans
- d. Sedan Taxis

3. Please describe how the customer's disability prevents them from being able to use the vehicle(s) selected above? Provide as much detail as possible. Please provide diagnostic test results, clinical notes etc. to support the need for a vehicle exception.

4. Wheel-Trans encourages customers, if possible, to explore options for self-accommodating prior to requesting a vehicle exception. Are there any self-accommodation options available to this customer? i.e. travelling with a lumbar support pillow.

Yes No

If yes, please describe:

If any self-accommodation options are identified above, is a vehicle exception still required?

Yes No

5. How long does the customer require the vehicle exception?

- a. 3 months
- b. 6 months
- c. 12 months
- d. Indefinitely

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Health Care Professional information

First name: _____ Last name: _____

Occupation: _____

Professional registration/License #: _____

Street: _____ Unit number: _____

Town: _____ Province: _____

Postal code: _____ Phone number: _____

Email: _____

Stamp: _____

Signature: _____ Date: _____

If you have any further questions, please contact Wheel-Trans Customer Service at wtcs@ttc.ca or at 416-393-4111.

Completed forms (in full) can be returned to:

Wheel-Trans Customer Service
580 Commissioners St.
Toronto, Ontario M4M1A7

or scanned and emailed to wtcs@ttc.ca