



**Riverview Access Mobility Transit
Application Form**
(Revised April 2023)

Eligibility Criteria

To be eligible for the Access Mobility Transit service the applicant must be a citizen of Riverview and must permanently or temporarily require the use of a **wheelchair** or **scooter**.

- **Permanent Requirement** – is a person with a mobility impairment that is expected to continue indefinitely.
- **Temporary Requirement** – is a person with a mobility impairment that is expected to end.

Eligibility is determined by the Town of Riverview’s Municipal Advisory Committee for Disabled Persons on the basis of the information provided on this application, the physician’s statement (see page 2) and a personal interview with a committee member.

If an applicant has been denied approval, they may request a review and reconsideration of the application by the Town of Riverview Advisory Committee on Disabilities. The Advisory Committee is also available to provide information and advocacy support for ineligible applicants.

As the transportation of students (kindergarten to Grade 12) is the responsibility of the Province of New Brunswick there will be no subsidy paid for this age group.

Applicant Information (Please Print)	
Name:	
Address:	Postal Code:
Telephone (home):	Telephone (cell):
Email address:	
Social Development Social Worker (if applicable):	

Emergency Contact:	
Name:	Telephone:
Escort required: Yes <input type="checkbox"/> No <input type="checkbox"/>	
(Only one escort per person is permitted free transit travel)	

Level of Access Required (check one)
<input type="checkbox"/> Permanent Requirement
<input type="checkbox"/> Temporary Requirement
Reason(s) (i.e., employment, education, medical, other): _____
Estimated usage: ____ trips per month

Applicant Signature:	Date:
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Riverview Access Transit Physician Statement

(Revised April 2023)

Name of Physician:	
Address:	Postal Code:
Telephone:	
I have examined _____ and certify that they will require the use of a wheelchair or scooter on a:	
<input type="checkbox"/> Permanent Basis ___ (physician's initials required)	
<input type="checkbox"/> Temporary Basis ___ (physician's initials required). Recovery period ___ days	
<input type="checkbox"/> Escort required: Yes ___ No ___ (physician's initials required)	
Physician signature:	Date:

Upon approval the applicant will be sent a letter of acceptance from the Town of Riverview.

Upon expiration of a temporary application, an applicant must complete a new Access Transit Application Form and Physician Statement if they want to reapply for a transit services extension.

For Office Use Only	
<input type="checkbox"/> Approved Permanent	Date:
<input type="checkbox"/> Approved Temporary	Expires:
<input type="checkbox"/> Not approved	Date:
Comments:	

Town of Riverview Use Only
Completed application received: _____
(The completed application will be reviewed and finalized within 30 days of date received)

Return completed form to: Town of Riverview, 30 Honour House Court Riverview, NB E1B 3Y9.
By email to: info@townofriverview.ca or Fax: (506) 387-2033