

# ROLLS

Port Hope's Special Transit Service

## **Who is eligible to use the service?**

Any resident of the Municipality of Port Hope, who because of a physical disability, is unable to board regular public transit.

Service is currently restricted to Ward 1.

## **How do I register?**

If you have a physical disability and are interested in using the ROLLS Service, please complete the application and forward to the Municipality of Port Hope.

## **How does the service work?**

Burt Transportation has one radio dispatched mobility van, equipped with an automatic ramp for wheelchairs. By phoning Burt Transportation, you can book a ride to any destination in the Municipality of Port Hope, Ward 1.

The service is accessible door to accessible door with driver assistance to board and de-board the van.

ROLLS Service does not service areas of Cobourg other than the Northumberland Hills Hospital (regular bus fare).

## **What is the fare?**

The fare is \$2.00 for adults and \$1.50 for students/seniors per one way trip, regardless of distance traveled. There is no charge for the person assisting the disabled rider. Please note that our drivers do not carry change. Please have the exact fare with you.

## **Service available to qualified residents for travel to and from:**

Work	Visiting
School	Entertainment
Appointments	Recreation
Shopping	Other

## **How to make reservations:**

To make a reservation call 1-877-284-7433 and advise the dispatcher as follows:

1. Your name
2. Date and time of trip
3. Pick up address
4. Destination and time you wish to arrive
5. Purpose of trip
6. Pick up time for return trip
7. Is anyone accompanying you
8. Are you confined to a wheelchair

If you have to cancel your trip, please advise the dispatch office as soon as possible.

## **When the van arrives:**

1. Be ready to board. Please don't keep other passengers waiting.
2. Show the driver your Membership Card and pay your fare.
3. The driver will assist you in boarding and de-boarding the van.
4. The driver is only required to wait five (5) minutes.

## **Please note:**

1. You may have to share your ride with others. As a result, allow more time for your trip than you would if riding in a car or taxi.
2. Smoking is prohibited.

## **OPERATED BY:**

Burt Transportation Service  
8811 Keele St.  
Vaughan, ON L4K 2N1

**For Reservations Call  
1-877-284-RIDE (7433)**

**Your reservation should be made with at least 24 hours notice, except in emergencies.**

## **Hours of Operation:**

Monday through Friday  
7 a.m. to 8 p.m.  
Saturday  
9:00 a.m. to 4:00 p.m.  
(holidays excepted).

FOR INFORMATION call Works and Engineering: 905-885-2431

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Provided by:

The Municipality of Port Hope



(Applicants to fill out this form and have it signed by their attending professional)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

POSTAL CODE \_\_\_\_\_ TELEPHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ DATE FORM COMPLETED \_\_\_\_\_

**Return the original completed form to:**  
Works and Engineering  
c/o Municipality of Port Hope  
Town Hall, 56 Queen Street  
Port Hope, ON, L1A 3Z9

Probable type of trip:	Location	Frequency
Hospital	_____	_____
Shopping	_____	_____
Educational	_____	_____
Employment	_____	_____
Medical	_____	_____
Recreational	_____	_____
Other	_____	_____

Eligibility Details:

Is your disability? Permanent  Temporary  If temporary, approximately how long? \_\_\_\_\_

Do you use a wheelchair? Yes  No

If yes, is it? Standard  Electric

If you do not use a wheelchair, do you walk with an assistive device? Yes  No

If yes, please specify the type used: \_\_\_\_\_

Do you travel with a companion? Yes  No

Name of person to contact in an emergency

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I hereby apply for ROLLS and certify that I am unable to use regular public transportation because of my physical disability.

Applicant's signature

Date

**This section to be completed by attending professional (e.g. Physician, Registered Nurse, Physiotherapist, Chiropractor, etc).**

Name and title of Professional (Please print)

Signature of Professional

Address

Telephone No.

Fax No.