

Subscription Request Form ACCESS-A-RIDE

Access-A-Ride, Lethbridge Transit, 619 4th Ave South, Lethbridge, AB. T1H 0K4
Phone: (403) 329-6464, Fax: (403) 380-3876, Email: AAR@lethbridge.ca

If you take the same trip daily, to the same location, at least 3 times a week for a minimum of 4 consecutive weeks, to dialysis, work, education, or medical therapy, **subscriptions are based on availability**. All other trips that you are required to make must be made as a regular booking and are subject to availability. Subscription trips must always be at the same time to and from the same location. **If you call to make a daily change to your trip, it will no longer be considered part of your subscription and will be booked only if service is available.**

Customers are booked on a first come first serve basis. Once approved, a subscription trip is set up on a master schedule and is provided as long as it is required. Subscription trips are automatically cancelled on holidays, with the exception of dialysis trips. If you require a subscription trip on a holiday a regular booking will have to be made. Space is limited.

Please provide all of the following information to request a subscription trip be scheduled. Once the application is reviewed and a decision is made, you will be contacted by our scheduling analyst.

SECTION A: Client Information

New Subscription
 Change to Existing Subscription

Name: _____ Date: _____

Phone: _____ Client #: _____

Email: _____

Pick Up Address

Drop Off Address:

Start Time: _____ AM PM End Time: _____ AM PM

Start Date: _____ End Date: _____ NO END DATE

Please indicate days required:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

Please indicate purpose:

- Dialysis
- Work
- Post-Secondary Education
- Medical Therapy
- Other: _____

Form of Payment:

- Cash
- Breeze Card

SECTION B: Authenticator Information – Health Care Provider, Educator or Employer.

Name of Authenticator:

Position:

Institution/Company:

Address:

Phone:

Fax:

Email:

SECTION C: Please Read Carefully and Sign.

I HEREBY CERTIFY THAT I HAVE REVIEWED THE INFORMATION PROVIDED IN BOTH **SECTION A AND SECTION B** AND CERTIFY THAT IT IS TRUE. I CERTIFY THAT I WILL BE USING ACCESS-A-RIDE FOR THE SOLE PURPOSE OF TRANSPORTATION TO THE NAMED FACILITY WITHIN THIS SUBSCRIPTION REQUEST. I GIVE PERMISSION FOR ACCESS-A-RIDE TO CONTACT MY AUTHENTICATOR TO VERIFY THE NEED FOR MY REQUEST.

Client Signature _____ Date: _____

Once this application has been completed in its entirety, Please Email, Fax
Mail, or Deliver to:

ACCESS-A-RIDE, Lethbridge Transit
619 4th Avenue North, Lethbridge, AB. T1H 0K4
Phone: (403) 329-6464
Fax: (403) 380-3876
Email: AAR@lethbridge.ca

If your transportation is to be paid for by another individual/organization, please also attach our
Billing Request Form. It is located on our website at www.lethbridge.ca/aar

Please Remember to make a photocopy for your records.

Note: Submitting a completed application form DOES NOT guarantee eligibility.