

**Subscription Request Form  
ACCESS-A-RIDE**

**Access-A-Ride, Lethbridge Transit, 619 4<sup>th</sup> Ave South, Lethbridge, AB. T1H 0K4  
Phone: (403) 329-6464, Fax: (403) 380-3876, Email: [AAR@lethbridge.ca](mailto: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 4<sup>th</sup> Avenue North, Lethbridge, AB. T1H 0K4  
Phone: (403) 329-6464  
Fax: (403) 380-3876  
Email: [AAR@lethbridge.ca](mailto: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](http://www.lethbridge.ca/aar)

**Please Remember to make a photocopy for your records.**

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