peterborough

Social Services Division | 178 Charlotte Street, PO Box 4138 | Peterborough, ON K9J 8S1
705-748-8830 | peterborough.ca/socialservices

Request for Medical Transportation Benefits

Customer Name:

Preferred Name:

Case Worker:

Office/Clinic Name:

Office/Clinic Address:

Medical Practitioner's Name:

The customer named above has appointments as follows with our office/clinic:

Date(s) of Appointments:

This is an ongoing appointment: No ☐ or Yes ☐ If yes, how many times per month?

Customer consent:

☐ I, customer name:
consent to release the above information to City of Peterborough Social Services.

Verbal Consent given

or

_____ _____

Signature *Date*

Form completed by: **Contact #:**

Please return this form to our office by email to: charlotteincomingfaxes@peterborough.ca or by fax to (705) 745-3373.

Notice with Respect to the Collection of Personal Information
(Freedom of Information and Protection of Privacy Act) / (Municipal Freedom of Information and Protection of Privacy Act)

This information is collected under the legal authority of the *Ontario Works Act, 1997,* sections 7, 8, 15, 57 & 58, for the purpose of administering Government of Ontario social assistance programs.
For more information contact Program Manager at (705) 748-8830.

Form revised: 2024-06-12 WD