Application Form

NAME (FIRST AND LAST)			
HOME PHONE			
MOBILE PHONE			
EMAIL			
CIVIC ADDRESS			
MAILING ADDRESS (if different than civic)			
ELIGIBILITY Please select all those that apply:			
☐ I am 60 years of age or older.			
I have a permanent disability that prevents me from driving. (Please attach supporting documents)			
I have a short-term disability that prevents me from driving. (Please attach supporting documents)			
YEAR BORN			
□ I am a resident of Okotoks. I am aware the card expires on December 31, 2024. The information I have provided is complete and correct.			
APPLICANT SIGNATURE			
DATE			
A card will be sent to you in the mail once your application has been processed.			
FOR OFFICE USE ONLY			
Card # Allocated:			



Community Access Program



TO LEARN MORE CONTACT

403.995.2773

Okotaks

FCSS@okotoks.ca okotoks.ca/CAP



active participants in our community.

What is the Community Access Program?

The program provides cardholders with a reduced taxi fare through an agreement made between the Town of Okotoks and Town Taxi.

Are you eligible?

If you are a resident of Okotoks and answer YES to any of the questions below, you may qualify for the subsidized taxi program.

- Are you 60 years of age or older?
- Do you have a permanent or short-term disability that prevents you from driving?

How to sign up?

- Complete the Community Access Program application form (see reverse side).
- Mail, drop off or email application form to Town of Okotoks.
- An identification card will be sent to you in the mail once your application form has been processed and approved.

How to book a trip?

- Call Town Taxi at 403-975-2233.
- If you require a wheelchair accessible vehicle, call 403-995-2773.
- Show Community Access Program identification card to the taxi driver and sign a receipt at the end of each trip.



Program guidelines

- This program does not pay for wait time. It is the responsibility of the user to pay for any wait times incurred.
- Please book 24 hours in advance for out-oftown trips and for service outside the hours of 7 a.m. - 10 p.m.
- For those requiring a wheelchair accessible vehicle, call 403-995-2773 to make trip arrangements. Please provide at least 48 hours notice.

Application information

Complete application form (see reverse side) and submit via:

MAIL

Town of Okotoks

P.O. Box 20, Okotoks AB T1S 1K1

DROP OFF

Okotoks Municipal Centre - 5 Elizabeth St. Okotoks Recreation Centre - 99 Okotoks Dr.

Okotoks Family Resource Centre - 11 Cimarron Common

EMAIL

fcss@okotoks.ca

2023-24 Taxi Fares

The Town pays the balance of your fare, according to the 2023-24 agreement with Town Taxi

ONE WAY FARES FROM OKOTOKS

Destination	You Pay	Town Pays
Within Okotoks	\$5.00	\$5.00
Aldersyde	\$10.00	\$10.00
DeWinton & Heritage Pointe	\$10.00	\$10.00
High River	\$20.00	\$20.00
Shawnessy & Far SW Calgary	\$20.00	\$20.00
South Health Campus Hospital & Far SE Calgary	\$20.00	\$20.00
Diamond Valley	\$20.00	\$20.00
South Centre Mall	\$28.00	\$27.00
Rockyview Hospital & Chinook Centre Mall	\$38.00	\$37.00
Other Hospitals: Peter Lougheed, Foothills & Children's	\$40.00	\$40.00
Downtown Calgary	\$40.00	\$40.00

Application form --> see reverse side

The personal information on the Community Access Program application form is being collected under the authority of section 33 c of the Freedom of Information and Protection of Privacy Act (FOIP) and will be used for the administration of the Volunteer Driver Program. Should you have any questions regarding the collection and use of your personal information, contact foip@okotoks.ca or 403-938-8944.