REGIONAL MUNICIPALITY OF WOOD BUFFALO | TRANSIT

Specialized Transportation Application Form

GENERAL:

Our Special Mobility Assistance Required Transportation Service is an accessible curb to curb service for seniors, and those unable to board the regular transit system or have no other transportation means.

While Specialized Transit attempts to provide service to all registrants, not all trips may be accommodated due to increase demand of service. Applicants and registrants are encouraged to try alternatives such as Fort McMurray Public Transit, and private means of transportation when possible.

The Regional Municipality of Wood Buffalo reserves the right to have Part A and Part B resubmitted upon their discretion.

INSTRUCTIONS:

All applicants must complete Part A. Part B must be completed and signed by your doctor, nurse, or another licensed health care professional who is familiar with your health problems and disabilities. **The completion of this form is the responsibility of the applicant.** If the applicant is 65 or over, complete Part A only. Proof of age must be included with application.

ADDITIONAL NOTES:

- Only applications with Parts A and B fully completed and signed will be considered for approval;
- Part A only for applicants 65 or over;
- Incomplete forms will be returned;
- All information must be kept up to date;
- Call the mainline immediately for information changes, (780) 743-7909;
- PRINT clearly.

IMPORTANT: All locations served by the Specialized Transit must be accessible. Site inspections will be approved by the supervisor to ensure safe accessibility for both drivers and passengers.

Completed forms should be mailed to:

Regional Municipality of Wood Buffalo
Specialized Transportation
9909 Franklin Avenue
Fort McMurray, AB T9H 2K4

For additional information on completing this from, contact the mainline at (780) 743-7909, 8:00 a.m. -4:00 p.m. Monday to Friday.

PART A- **Personal Information** - To be completed by the applicant.

Date: _____

Name: _____ Gender: ☐ Male ☐ Female

Address: _____

Postal Code: _____ Date of Birth: _____

Home Phone (Day): (780) _____ (Evening): (780) _____

Cell: (780) _____ Work: (780) _____

School (if applicable) _____ Phone: (780) _____

Emergency Contact Information:

Name: _____ Relationship: _____

Home Phone: (780) _____ Work: (780) _____

Cell: (780) _____

Category								
Child between 9KG/20LBS – 18KG/40LBS	***W/C Wheelchair Child*** (5+)	***DIC*** Disabled Child (5+)	**D/A** Disabled Adult (18+)	**SR** Senior (65+)	**W/SR** Wheelchair Senior (65+)	**D/SR** Disabled Senior (65+)	**W/A** Wheelchair Adult (18+)	**Temporary**

Does the child require a 4-point secure child-integrated seat?

☐ Yes

☐ No

If yes, a parent/guardian must accompany the child and be responsible for securing the child in the 4-point child restraint.

If the adult client is unable to independently secure the child in the 4-point child restraint, a parent/guardian or other designated mature third party must accompany the child on the bus and assist with securing the child safely.

Medical Information:

Disability: _____

Seizures: ☐ Yes ☐ No What triggers seizures? _____

Choking: ☐ Yes ☐ No

Fainting: ☐ Yes ☐ No

Heart Condition: ☐ Yes ☐ No

Seat Belt Exempt: ☐ Yes ☐ No On File: ☐ Yes ☐ No

Which mobility aid(s) or equipment do you use when traveling?
(Check all that apply)

☐ Cane
☐ Crutches
☐ Walker
☐ Leg Brace(s)
☐ White Cane
☐ Guide Dog
☐ Powered Wheelchair
☐ Portable Oxygen
☐ Manual Chair
☐ Prosthesis

☐ Other (Please Specify): _____

Important: All mobility aids must be kept in good repair at all times, or they cannot be accommodated on Specialized Transit. Drivers will secure all mobility devices which meet the four-point tie-down standards.

How do you currently get around in the community? (Check all that apply)

☐ Regular Public Transit
☐ Own car
☐ Taxi
☐ Family/Friends drive me
☐ Volunteers drive me
☐ Other (specify): _____

1. What are the disabling condition(s) that prevent you from using regular public transit? (List and describe the severity of the condition(s))

_____

_____

2. Describe how these condition(s) prevent or limit you from using public transit?

_____

_____

_____

3. Does the applicant hold a valid license?

4. Does the applicant have access to a personal vehicle?

☐Yes☐ No

☐Yes☐ No

_____

5. If approved, when do you require this service? (check one)

☐ Summer only ☐ Winter only ☐ All year long

If temporary, specify duration: ☐ 3 months D 6 months ☐ 1 year

6. What time of day do you require service? (check one)

☐ Daytime only ☐ Evenings only ☐ Both day and evening

7. Think about your travel needs -when do you need Specialized Transit? (check all that apply)

☐ For trips outside my neighborhood.

☐ For destinations where the environment is not accessible (e.g. no sidewalk).

☐ When I do not have an attendant who can travel with me.

☐ Other: (specify) _____

IMPORTANT: Drivers will assist passengers on and off the Specialized Transit. Drivers cannot leave their vehicles unattended.

8. Will you require a mandatory attendant for behavioral or medical reasons when traveling on the Specialized Transit?

☐Yes☐ No

Explain: _____

IMPORTANT: Passengers displaying unacceptable behavior that affects other passengers and/or the driver will be required to ride with an attendant at all times. Mandatory Attendant designation is for clients who require supervision ON the vehicle, not at the destination or to assist with parcels, etc...

9. Can you be left alone at your destination? ☐ Yes ☐ No

Can you be left alone at home? ☐ Yes ☐ No
If no, explain: _____

10. Please provide any additional information that may be relevant to this application.

_____

_____

_____

IMPORTANT: By filling out this application, the applicant is agreeing to all the terms and conditions of the use of Specialized Transit services.

- I agree that my doctor, nurse, or other health worker may give information to the Regional Municipality of Wood Buffalo Specialized Transportation Program about my health problem or disability.
- I agree that the Regional Municipality of Wood Buffalo Specialized Transportation Program may give personal information to my doctor, nurse, or other health worker about my health problem or disability.
- I agree that the Regional Municipality of Wood Buffalo Specialized Transportation Program may give my name, phone number, and address to Specialized Transportation's so they can give me services.
- I will tell the Regional Municipality of Wood Buffalo Specialized Transportation if I no longer need service.

Indicate who completed this form. If you completed it yourself, sign here:
I hereby declare that the information provided above is true and correct and represents my condition.

_____
Applicant Signature and Date

If someone else completed this form, please indicate below. (Advocate,

guardian or health/social practitioner completing the form for applicant)

Name (print): _____

_____

Signature and Date

Relationship to Applicant: _____

Professional Qualifications: .....

Address: _____

Phone: _____

How long have you known the applicant: _____

PART B- Professional Verification -To be completed and signed by your doctor, nurse, or another health care worker who is familiar with your health problem(s) and/or disabilities.

The Regional Municipality of Wood Buffalo Transit Services coordinates the Specialized Transportation Program for the City of Fort McMurray. Specialized Transportation determines eligibility for these services using an applicant's personal information form and professional verification. One of the following from the list of **licensed health care professionals;** having the knowledge, training, and ability to assess an applicant's functional and/or cognitive abilities to use regular transit; MUST complete the following form. (Please check one).

☐ Doctor (Physician or Surgeon)
☐ Occupational Therapist
☐ Physical Therapist
☐ Chiropractor
☐ Optometrist/Ophthalmologist
☐ Osteopath or Podiatrist
☐ Registered Social Worker
☐ Psychiatrist or Psychologist
☐ Registered Nurse
☐ Registered Psychiatric Nurse

Based on the applicant's ability to use regular transit, applicants may be found eligible for all trips, conditionally eligible for some trips, or ineligible. The information you provide will help Specialized Transportation make an appropriate determination for this applicant. Applicants must sign an authorization allowing their health care professional to release to Specialized Transportation information necessary to determine eligibility for accessible and specialized transportation services. Specialized Transportation may contact you to clarify the information provided.

1. Applicants Name: _____

2. Does the applicant use Fort McMurray Transit? ☐ Yes ☐ No
If not, when was the last time the applicant used public transit? _____

3. How does the condition affect the applicant's ability in the following general areas? (Check off each area as applicable)

	Perm	Temp*	Winter	Summer	Day	Night	Not at all
Walking/mobility							
Endurance							
Vision							
Memory							
Perceptual							
Behaviours							
Cognition							
Personal safety							
Other (specify)							

**If temporary, specify duration:* ☐ 3 months ☐ 6 months ☐ 1 year ☐ Other

Explain: _____

_____

_____

4. Does the applicant's disability or health condition PREVENT **(not make difficult)** the use of regular transit? ☐ Sometimes ☐ All the Time ☐ None of the time

Details: _____

_____

_____

5. When can the applicant use public transit?
Explain: _____

_____

_____

6. Please check type of disability: ☐ Functional ☐ Cognitive ☐ Sensory

☐ Seizure disorder (please provide details) _____

_____

☐ Other: _____

_____

7. How does the applicant's disability or health condition affect his/her physical or cognitive functioning? _____

_____

8. Does the applicant's disability, health condition or equipment restrict his/her ability to wear a seatbelt during transportation?

☐ Yes this person should be seatbelt exempt. ☐ No

9. Can the applicant:

	Yes	No	Not Sure
▶ Travel when there is snow or ice on the ground (i.e. landmarks are hidden, uneven, slippery)?	☐	☐	☐
▶ Understand directions needed to complete a trip?	☐	☐	☐
▶ Read information signs and identify the correct bus?	☐	☐	☐
▶ Travel independently to get to the nearest transit stop or station? What is the distance?	☐	☐	☐
▶ Step on and off curb to get to a bus stop?	☐	☐	☐
▶ Wait at a stop or station, while standing?	☐	☐	☐
▶ Wait at a stop or station, while seated?	☐	☐	☐
▶ Climb up/down 3 stairs (12" height each) independently?	☐	☐	☐
▶ Board a low-floor bus (a bus without steps) independently, if there is a ramp at curb level and handrails?	☐	☐	☐

10. Did you perform a functional assessment or examination in order to determine this applicant's functional ability to take transit? ☐ Yes ☐ No

11. Will the applicant require a mandatory attendant for behavioral or medical reasons when they are in the S.M.A.R.T. bus?

☐ Yes ☐ No

Explain: _____

_____

12. Can the applicant be left alone at their destination? ☐ Yes ☐ No

Can the application be left alone at home? ☐ Yes ☐ No

13. Please note any additional information you have about the applicant's functional ability to use regular transit? _____

_____

14. Please confirm how long you have known the application _

Indicate who completed Part B in this application form.

Qualified health care / social service practitioner completing this form for applicant.

Name (print): _____

_____

Signature and Date

I certify that I am a currently licensed health care practitioner under the Alberta Health Professions Act and that the above information is accurate and complete.

Professional Qualifications: .....

Address: _____

Phone#: _____ Fax#: _____

The personal information on this form is collected under the authority of section 33 (c) of the Freedom of Information and Protection of Privacy Act The personal information will be used to process your eligibility for Specialized Transit service. If you have any questions regarding the collection or use of this personal information contact the Supervisor, Specialized Transportation, 3rd Floor Hardin Street Building, 9816 Hardin St., or call (780) 743-7909.

Note: Completed forms are to be returned to the applicant, to be submitted by mail to:

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