



ACCESS CALGARY APPLICATION

A division of Calgary Transit.

A door to door, book in advance, shared ride, public transportation system which matches a person's abilities with available Calgary Transit options.

Not an individual taxi program.

A transportation service for eligible residents of Calgary, ages 6 and up.

Based on an individual's physical and/or cognitive abilities to use regular Calgary Transit.

Eligibility is not based on language barriers, age, income or unfamiliarity with Calgary Transit.

Submission of an application does not guarantee eligibility.

APPLICATION INSTRUCTIONS

Note: Completed applications are valid for 6 months.

1. Applicants must **fully complete** Parts A- G in **black or blue ink only**.
2. The **original** copy of the application must be mailed. Forms that are **unclear, vague, illegible or incomplete, cannot be processed** and **will be returned** by mail.
3. Please make a copy of the completed form. We cannot be responsible for items lost in the mail.
4. Part H must **only** be completed and signed by one of the licensed health care professionals, as listed on Part H. This professional must have treated and/or directly supported the Applicant and know how the Applicant's health condition affects their ability to travel independently in the community and on regular Calgary Transit.
Part H cannot be filled out by a friend, acquaintance or relative of the Applicant.
5. Any fees for the completion of this form and for any other additional information are the responsibility of the Applicant.
6. Mail (**do not fax**) the completed application and Part H - Professional Verification together to:
Access Calgary/Calgary Transit
Box 2100, Station M #170
Calgary, AB T2P 2M5
7. Once received, the application will be reviewed, and you will be contacted within 5 - 10 business days, regarding the status of your application.
8. Access Calgary may **require more information** and an **interview with the Applicant**.

The personal information collected on this application, professional verification and any other supplementary forms is in accordance with the Freedom of Information and Protection of Privacy Act (FOIPP), Section 33(c) and is used specifically for the purpose of determining eligibility for Access Calgary services.

If you have any questions please call Access Calgary at 403-537-7770.



Part A - Personal Information

Access Calgary Application

TS 5265 (R2008-11)

Are you an Access Calgary Customer? No Yes If Yes, Registration # _____

Mr. Mrs. Ms. First name _____ Middle Initial _____

Last Name _____ Gender Male Female

Date of Birth _____ Language English French Other _____
YYYY/MM/DD

Phone [H] (____) _____ [W] (____) _____ [C] (____) _____

Street Address _____ Apt # _____ Calgary, AB

Postal Code _____ **Note:** proof of address may be required

Email _____

If your residence has a name (i.e. Aspen Lodge or Legacy Apts.) what is it? _____

Pick-up Door: Front Back Side Alley Garage

Mailing Address: (if different from above)

Name of person at this address _____

Relationship to Applicant _____

Address _____ Apt # _____

Postal Code _____

Emergency Contact: Should be someone (family, friend, neighbor, staff) who lives in Calgary.

Name _____ Relationship to Applicant _____

Phone [H] (____) _____ [W] (____) _____ [C] (____) _____

Part B - Mobility Aids and Assistance

1. Please check the support you use most when you go out:

- None Walker 3 wheel 4 wheel
 Cane Crutches
 White cane Leg brace (describe) _____
 Portable oxygen Registered Assistance Animal
 Prosthesis Other (describe) _____
 Scooter 3 wheel 4 wheel
 Wheelchair manual power Wheelchair dimensions _____ length _____ width
 Can you independently get in / out of your wheelchair? Yes No

2. Do you require a seatbelt exemption? Yes No

Note: If yes, you must attach a copy of your exemption letter, written by your physician on his/her letterhead, including your name, address and reason for the exemption. It must also state the dates on which the exemption begins and ends, for a period of no more than one year. Per Section 85 (1) Special Exemptions under the Alberta Traffic Safety Act.

3. If a driver can help you to and from the first set of doors and secure mobility aids and seatbelts, would you still need to bring someone with you to help you when you travel (a personal attendant or support person)? Yes, always Yes, sometimes No

4. For safety reasons, do you need to be handed over to (be met by) a staff or family member?

- I never need to be met by someone I always need to be met by someone*

***If you 'always' need to be met by someone**, you are responsible to have that person meet you when you arrive*

5. Can you be at home alone? Yes No*

***If 'No'**, please provide a nearby address where you can be dropped off if there is no one at home to meet you.

Street Address _____ Apt # _____

Name of the person at this address: _____ Phone #: (____) _____

Relationship to Applicant: _____

Part C - Transportation

1. How do you travel around Calgary now? (check all that apply).

- Drive (self) Friends/family/staff drive Taxi
 City Bus CTrain Access Calgary – shared ride
 Other (describe) _____

2. How often are you using a Calgary Transit bus or CTrain?

- Daily Weekly Monthly Seasonally Occasionally Never

If "occasionally or never" tell us why. _____

3. What is/are the bus route number(s) or the name of the CTrain station closest to your home?

Is there a bench or seat available at these bus stops? Yes No

4. In blocks (100 meters = 1 block) how far is the nearest stop or station? _____ blocks

5. Your most recent trip on Calgary Transit (bus and/or CTrain) _____ (month/year)

Was it a: Low-floor bus Bus with steps CTrain

6. Does someone help you to use a city bus and/or CTrain? Yes No Sometimes

If 'yes' or 'sometimes', how do they help you? _____

7. If you are no longer using the city bus or CTrain when did you stop? _____

Why did you stop? _____

Part C - Transportation (Continued)

8. List three (3) of your most frequent destinations, and how you get there.

Destination or Address	Frequency of Travel	How do you get there?
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Is there any information the driver needs to know about you to provide safe transportation for you and/or other passengers? Yes (see below) No

Limited English Speech impairment _____

Non-verbal - note alternate forms of communication _____

Hearing Impaired Diabetes (type) _____

Visually impaired (blurry, peripheral etc) _____

Seizure disorder (type, frequency, recovery time) _____

May be aggressive (describe) _____

Behavioral Concerns/Risk to self or others (describe) _____

Part D - Health Questions

1. Why are you applying for Access Calgary shared ride service? _____

2. What is your primary medical diagnosis? _____

3. If this is a temporary disability or health condition, how long do you expect it to prevent your use of regular bus &/or CTrain? _____
Why? _____
4. Relevant to your ability to use regular Calgary Transit, please describe your disabilities and/or health conditions.

Describe Condition	How does it prevent you?
_____	_____
_____	_____
_____	_____
_____	_____

5. For the above conditions, are you taking any prescribed medications? Yes No
If yes, please list only those that are related to your ability to use regular Calgary Transit.

Medication Name	What is it for?	How often?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Part D - Health Questions (continued)

6. Relevant to Question # 4 and your ability to use regular Calgary Transit, do you have any current or upcoming:

Specialist Appointments No Yes \Rightarrow Date of Appointment _____

Reason for appointment? _____

Surgeries No Yes \Rightarrow Date of Surgery _____

Reason for Surgery? _____

Expected Outcomes _____

Treatments / Therapies No Yes If yes, please list below.

Type of Treatment or Therapy	By Who	Times per week	For how long	Expected Outcome

7. Do you live in/with: My Own Residence Assisted Living
 A Seniors Building/Lodge Extended Family (i.e. son/daughter/parents)
 A Group Home A Supportive Roommate

8. Do you have anyone who helps you at home? Yes No

What agency or company do they work for? Home care City Links Meals on Wheels
 PDD Private Other _____

What kind of help do they provide? _____

Part E - Functional and Cognitive Abilities

<i>Can you independently;</i>	Yes	No	Sometimes
Climb three (3) steps, if there is a hand rail?			
If the weather is good, walk / wheel up to <u>4</u> blocks?			
If the weather is good, walk / wheel up to <u>3</u> blocks?			
If the weather is good, walk / wheel up to <u>2</u> blocks?			
If the weather is good, walk / wheel up to <u>1</u> block?			
Get on or off the sidewalk?			
Stand for 15 minutes?			
Cross the street?			
Understand written and printed material?			
Recognize landmarks?			
Ask for directions?			
Tell time?			
Problem solve in unexpected circumstances?			
Plan a trip within Calgary?			
Travel in the community (i.e. to a corner store)?			
Use Calgary Transit when the route is familiar?			
Ask for help if you have a question or a problem?			
Use a payphone or cell phone to contact someone?			
Track your daily appointments and activities?			

What distance, in blocks, can you walk (with a mobility aid, if needed) / wheel before needing a rest?	_____ Blocks
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How many minutes does it take to walk / wheel this distance?	_____ Minutes
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Part E - Functional and Cognitive Abilities (continued)

Can you learn to take Calgary Transit on your own? No Yes **If 'No',** complete below.
Have you been trained to use a city bus and/or CTrain? No Yes **If 'Yes',** complete below.
Who provided the training? _____
What was the goal? _____
Did you complete it? Yes No Explain _____
What was the result? _____
Which routes did you learn? _____
Which destinations did you learn? _____

Part F - Additional Information

If your application is approved, in which format would you like information sent to you? :

Regular Print Large Print Braille

Do you want to receive Access Calgary notices and newsletters? Yes No

If someone helped in completing this application, please provide the following information:

Name: _____

Relationship to Applicant: _____

Agency: _____ Phone: (____) _____ Fax: (____) _____

In order for Access Calgary to evaluate your request for eligibility, it may be helpful for us to contact a professional (in addition to the professional who is completing Part H) who is familiar with your health condition or disability and your functional abilities and limitations. Please feel free to list one or two professionals we can contact if we need more information.

1) Name: _____ Type of professional: _____

Agency: _____ Phone number: (____) _____

Fax number: (____) _____ How long have you known them? _____

2) Name: _____ Type of professional: _____

Agency: _____ Phone number: (____) _____

Fax number: (____) _____ How long have you known them? _____

Part F - Additional Information (continued)

Access Calgary may require you (the Applicant) to be interviewed to determine eligibility.

To schedule an interview:

What is the best time, between 8:30am – 3:30pm Monday – Friday, to phone? a.m. p.m.

Who do we contact? You OR Someone else (if 'someone else' provide the following)

Name _____ Daytime Phone # (____)_____

Relationship to Applicant _____

Part G - Consent Form

Legal Guardian Consent (if applicable)

Note: Legal Guardianship does not include Power of Attorney designations or informal representatives. Individual's age 18 or older are their own guardian unless legal guardianship is otherwise obtained.

Legal Guardian Name _____

Phone Number (____)_____ Relationship to Applicant _____

I understand the purpose of this application is to determine if the Applicant is eligible for Access Calgary service.

I understand that an interview may be required and if so, the Applicant must be present.

I acknowledge that I can be present with the Applicant during the interview and state that:

- I will be present with the Applicant OR
- I waive my right to be present (Applicant attending alone) OR
- I designate _____ to be present, with the Applicant, on my behalf.

Legal Guardian Name (Please Print) _____

Legal Guardian Signature _____ Date _____
YYYY/MM/DD

Note: Legal Guardian (if applicable) must also complete Consent on page 10.

Part G - Consent Form (continued)

Please **read, then sign below** to show you agree and give your consent.

Access Calgary Agreement

I agree that Access Calgary (Calgary Transit) may use needed personal information about me in order to provide transportation services.

I agree that Access Calgary may give my name, phone number, address and other relevant information to Access Calgary’s contracted service providers, for my trips.

I will tell Access Calgary (Calgary Transit) if I no longer need to use Access Calgary services.

I agree that the information provided in the application is true and correct. I understand that falsification of information could result in a loss of Access Calgary services.

Authorization for Release of Information

I authorize the professional completing the attached Part H - Professional Verification, and the professional(s) I have listed in Part F to release to Access Calgary information about my disability or health condition and its effect on my ability to travel on regular Calgary Transit buses and C-Trains. I understand that I may revoke this authorization, in writing at any time. Unless earlier revoked, this form will permit the professional listed to release the information described up to 6 months from the date below.

Applicant Name (Please Print) _____

Signature of Applicant (Legal Guardian if applicable)

Date YYYY/MM/DD



You have completed your portion of the Application.

The following - Part H – Professional Verification - must be completed ONLY by a licensed health care professional as listed below:

- Doctor (Physician or Surgeon)
- Psychiatrist or Psychologist
- Registered Nurse/Nurse Practitioner
- Registered Social Worker
- Occupational/Physical/Recreational Therapist
- Accredited Rehabilitation Practitioner
- Certified Orientation and Mobility Instructor

Once your licensed health care professional has completed Part H, please mail it together with all other sections of the application form to Access Calgary at:

**Access Calgary / Calgary Transit
Box 2100, Station M, #170
Calgary, Alberta T2P 2M5**

ACCESS CALGARY OFFICE USE ONLY

Closest Bus Stop Distance _____ Route Number _____ Low Floor yes no

Closest CTrain Distance _____ Station Name _____

Additional Information:



Part H – Professional Verification

Access Calgary is a specialized public transportation service for children (6 and over) and adults with temporary or permanent physical or cognitive impairments who cannot use Calgary Transit bus or C-Train service for all trips. **It is not an individual taxi service.** Shared- ride transportation is provided to passengers in the form of wheelchair lift-equipped buses, mini-vans, and sedans.

- **Completion of this application does not guarantee eligibility.**
- Forms that are incomplete, vague or unclear will be returned. Complete in blue or black ink only.
- Charges for completing this form (and for obtaining any additional information) are the responsibility of the Applicant.
- Applicants must sign the preceding authorization allowing their health care professional to release to Calgary Transit, information necessary to determine eligibility for Access Calgary.
- Part H must be completed and signed by a qualified health care practitioner **(only as listed below)**. This must be a health care professional that has treated and/or directly supported the Applicant & knows how the Applicant’s health condition affects their ability to travel independently in the community & on regular Calgary Transit. This form cannot be filled out by a friend, acquaintance or relative of the Applicant .

Please indicate what type of licensed health care professional you are.

- | | |
|--------------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Doctor (Physician or Surgeon) | <input type="checkbox"/> Occupational/Physical/Recreational Therapist |
| <input type="checkbox"/> Psychiatrist or Psychologist | <input type="checkbox"/> Accredited Rehabilitation Practitioner |
| <input type="checkbox"/> Registered Nurse/Nurse Practitioner | <input type="checkbox"/> Certified Orientation and Mobility Instructor |
| <input type="checkbox"/> Registered Social Worker | |

I certify that I am currently an accredited / licensed practitioner, from one of the above designations, and that the information on the following pages is accurate and complete.

Name (please print) _____ Title _____

Address (please print) _____

Phone # (_____) _____ Fax # (_____) _____

Signature _____ Date _____
YYYY/MM/DD

Please return completed form to the Applicant

Note: Completed Professional Verifications are valid for 6 months

Part H – Professional Verification (continued)

Name of Applicant _____

1. How long have you known the Applicant? _____
2. What is the Applicant's primary diagnosis, in relation to their ability to use regular transit? _____
 _____ Date of onset _____
3. If this is a temporary disability or health condition, how long do you expect it to prevent the use of regular bus &/or CTrain? _____ / months
4. Please list any other conditions that would impact the Applicant's ability to use Calgary Transit. _____

5. Do these above listed conditions **prevent** (not make difficult), the Applicant from using regular transit?
 Sometimes Never All the time
 Please explain: _____

6. Has the use of a Mobility Aid been recommended? N/A No Yes Type: _____
7. If not currently using a mobility aid, would the use of one improve the Applicant's ability to access the community independently? N/A No Yes **If yes**, how? _____

8. Can the Applicant, with a mobility aid (if required), complete the following tasks:
 Stand with support, for 15 minutes? Yes No Unknown
 Get up a curb or steps? Yes No Unknown
 Safely cross the street? Yes No Unknown
 Use a ramp? Yes No Unknown
 Board a low-floor bus? Yes No **If No**, why? _____
9. How far can the Applicant walk or wheel, in blocks, before needing to rest? (100mtrs = 1 block) _____
10. Is there a history of falls or a balance/gait concern? N/A No Yes **If yes**, please note the frequency and cause : _____

Part H – Professional Verification (continued)

11. Describe how the Applicant’s day-to-day function is affected in the following areas (where applicable):

Functional/Physical Health _____

Sensory _____

Cognitive _____

Mental Health _____

Behavioral _____

12. Please describe, where applicable, how the Applicant’s current medications will impact their ability to use regular transit. _____

13. Outline the Applicant’s treatment plan and the expected outcome. _____

14. Does the Applicant require professional assistance at home for:

- Personal care Housecleaning Meals or Meal preparation

If temporary, how long will this assistance be required? _____ / months.

15. **Access Calgary does not provide attendants.** Does the Applicant require a mandatory attendant, for behavioral or medical reasons, to ensure the safety of self or others, when they are in an Access Calgary vehicle? (Note: Access Calgary is a shared ride service for both children and adults).

- No Yes If Yes, please explain _____

Any additional information? _____
