



## **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

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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

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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

<b><i>Can you independently;</i></b>	<b>Yes</b>	<b>No</b>	<b>Sometimes</b>
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)

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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

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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: (\_\_\_\_) \_\_\_\_\_

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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)**

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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**

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**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)**

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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.

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**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

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**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)**

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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?** \_\_\_\_\_

\_\_\_\_\_