



CALGARY TRANSIT ACCESS APPLICATION

TS 5265 (R2015-11)

www.calgarytransit.com and click on the "Calgary Transit Access" link

****Please note that submission of an application form does not guarantee eligibility****

Calgary Transit Access is a shared-ride, book in advance, door to door public transportation service for Calgarians (age 6 and older) with a disability that cannot use the regular buses and CTrains.

Eligibility is based on physical and/or cognitive ability to use Calgary Transit. Eligibility is not based on language barriers, inability to drive, age, income, unfamiliarity, or length of trip with Calgary Transit.

1. Please complete all parts **black or blue ink** only.
2. The **original** copy of the application must be mailed or faxed. Forms that are unclear, vague, illegible or incomplete cannot be processed and will be returned by mail.
3. Please make a copy of the Applicant's photo identification with proof of address and attach it to this form.
4. Please make a copy of this form for the Applicant's records. We cannot be responsible for items lost in the mail.
5. In most cases, Calgary Transit Access will require an **interview with the Applicant**.
6. Part G must **only** be completed and signed by one of the licensed health care professionals, as listed on Part G. This professional must have treated and/or directly supported the Applicant and know how the Applicant's health condition affects his/her ability to travel independently. Part G cannot be filled out by a friend, acquaintance or relative.
7. Any fees for the completion of this form and/or any additional information are the responsibility of the Applicant.
8. Once received, the completed application will be reviewed and you will be contacted within 10 business days regarding the status of your application.
9. Fax or mail the fully completed application to: **403-537-7812**

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

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 Calgary Transit Access services. If you have any questions please call Calgary Transit Access at 403-537-7777.

ISC: Confidential



Registration # _____

Calgary Transit Access Application

TS 5265 (R2015-11)

Part A - Personal Information

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

First Name _____ Middle Initial _____ Last Name _____

Date of Birth (YYYY/MM/DD) _____ Gender Male Female

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

Street Address _____ Apt # _____ Calgary, AB

Postal Code _____ Email _____

Note: proof of address and Photo ID is required

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

Pick up door: Front Back Side Alley Garage Other _____

Mailing Address: (if different from above only)

Name of person at this address _____

Relationship to Applicant _____

Address _____ Apt # _____

City _____ Province _____ Postal Code _____

Emergency Contact: Should be someone who lives in the Calgary area.

Name _____ Relationship to Applicant _____

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

Part B - Mobility Aids and Assistance

None Portable oxygen Registered Assistance Animal Cane

White cane Crutches Prosthesis Personal Care Attendant

Walker → 3 wheel 4 wheel Leg brace (describe) _____

Booster/car seat 5 point Harness

Wheelchair → manual power wheelchair dimensions _____ length _____ width

Scooter → 3 wheel 4 wheel scooter dimensions _____ length _____ width

Can the applicant independently get in / out of a wheelchair/scooter? Yes No



Registration # _____

On arrival at your destinations, do you (the Applicant) need to be handed over to (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

Can you be at home alone? Yes No*

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

Implications

(a) Hand Over:

The driver must, at all times and for every Calgary Transit Access shared-ride service trip, escort the customer from the vehicle to the first exterior door of the customer's destination and transfer responsibility for the customer to the caregiver (unable to wait on own after the driver leaves/drops off).

(b) Hand Over, Except When Dropping-Off at Home:

At the customer's place of residence, the driver must escort the customer from the vehicle to the first exterior door. At any other location, the driver must escort the customer from the vehicle to the first exterior door of his/her destination, and transfer responsibility for the customer to the caregiver.

(c) Possible Corrective Actions:

In cases where a customer's caregiver was/is not available to accept responsibility for the customer at the start of the pick-up and/or drop-off window, the customer may be required to travel with a caregiver on Calgary Transit Access shared-ride public transportation service, or may be subject to suspension of service.

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

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

4. Does someone help you to use a Calgary Transit bus and/or CTrain? Yes No Sometimes

If 'Yes' or 'Sometimes', how do they help you? _____

5. If you are no longer using the Calgary Transit bus or CTrain when and why did you stop using it?

6. List three of your most frequent destinations and how you get there.

Address of Destination Frequency of Travel How do you get there now?

Three rows of blank lines for destination, frequency, and mode of transport.

7. Is there any additional information we need to know to provide transportation for the applicant?

- Yes (see below) No
 Speech impairment Non-verbal Hearing Impaired Visually impaired

- May be aggressive (describe) _____
- Seizure disorder (type, frequency, recovery time) _____
- Behavioral/Risk to self or others (describe) _____

(**Please note that compliance with the Calgary Transit Access Rules of Conduct as described in the Calgary Transit Access Handbook/User Guide is mandatory**)

Part D - Health Questions

1. Can you independently (using a mobility aid if needed):

	Yes	No	Sometimes
Climb three steps, if there is a rail?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Step on or off the sidewalk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stand for 15 minutes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cross a busy intersection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understand written and printed material?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recognize landmarks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask for help or directions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tell time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem solve in unexpected circumstances?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plan a trip?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel alone in the community (i.e. to a corner store)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use Calgary Transit when the route is familiar?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use a telephone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Track your own daily appointments and activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Why are you applying for Calgary Transit Access shared ride service?

3. What is your primary medical diagnosis? _____

4. How does your disability prevent you from using Calgary Transit?



Registration # _____

5. Is this a temporary disability or health condition? _____

6. Do you have an upcoming scheduled surgery date? If yes, please provide date and type of surgery. _____

7. If the weather is good, how many blocks can you wheel/walk before you need a rest?

- 1 Block 2 Blocks 3 Blocks 4 Blocks 5 Blocks

8. How long does it take you to walk/wheel this distance? _____

9. Can you learn to take regular Calgary Transit on your own? Yes No

If No, please explain why: _____

Have you been trained to use a Calgary Transit bus and/or CTrain? Yes No

If Yes, who provided the training? _____

What was the result? _____

What routes and/or destinations did you learn? _____

Part E – Additional Information

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

- Regular Print Large Print Braille

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

Name: _____ Relationship to Applicant: _____

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

Email: _____

Calgary Transit Access requires you (the Applicant) to be interviewed to determine eligibility. ****Please ensure you bring photo identification and proof of address to the interview.**

To schedule an interview:

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

Name _____ Daytime Phone # (____) _____

Relationship to Applicant _____

In order for Calgary Transit Access to evaluate your request for eligibility, it may be helpful for us to contact a health professional (in addition to the health professional who is completing part G) who is familiar with your condition. Please provide the name of a health care professional we can contact if we need more information.

Name _____ Title _____

Phone number (____) _____ Fax (____) _____ Email _____

How long have you known him/her? _____



Registration # _____

Part F - Consent Form

Legal Guardian Consent (if applicable)

Note: Legal Guardianship **does not** include Power of Attorney designations or informal representatives. Individuals age 18 or older is their own guardian unless legal guardianship is otherwise obtained through the legal system.

Legal Guardian Name _____

Phone: (____) _____ Cell: (____) _____ Relationship to Applicant _____

Street Address _____ Apt # _____ City _____ Province _____

Postal Code _____ Email _____

I understand the purpose of this application is to determine if the Applicant is eligible for Calgary Transit Access service. I understand that an interview will be required and the Applicant must be present.

I acknowledge that the Applicant must be present 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

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

Calgary Transit Access Agreement and Authorization for Release of Information

- I agree to comply with the Calgary Transit Access Rules of Conduct as described in the Calgary transit Access Handbook/User Guide.
- I agree that Calgary Transit Access (Calgary Transit) may use personal information about me in order to provide transportation services.
- I agree that Calgary Transit Access may give my name, phone number, address and other relevant information to Calgary Transit Access's contracted service providers and to external consultants for customer satisfaction surveys or polling.
- I will tell Calgary Transit Access (Calgary Transit) if I no longer need to use Calgary Transit Access 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 Calgary Transit Access services.

I authorize the professional completing the attached Part G – Professional Verification, and the professional I have listed in Part E to release to Calgary Transit Access information about my disability or health condition and its effect on my ability to travel on regular Calgary Transit buses and CTrains. 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 G – Professional Verification - must be completed **ONLY** by a licensed health care professional as listed below:

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

Once your licensed health care professional has completed Part G, please mail or fax this form together with all other sections and a copy of your photo identification and proof of address to Calgary Transit Access at: **403-537-7812**

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

TS5265 (R2015-10)

Part G – Professional Verification

Calgary transit Access is a shared-ride, book in advance, door to door public transportation service for Calgarians' (ages 6 and older) with disabilities which matches a person's abilities with available Calgary Transit options. **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.

Completed forms are valid for 6 months

- **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.
- Any fees for completing this form (or 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 Calgary transit Access.
- Part G 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** and knows how the Applicant's health condition affects his/her ability to travel independently in the community and 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, Surgeon or Psychiatrist) | <input type="checkbox"/> Occupational/Physical/Recreation Therapist |
| <input type="checkbox"/> Psychologist | <input type="checkbox"/> Registered Social Worker |
| <input type="checkbox"/> Registered Nurse/Nurse Practitioner | <input type="checkbox"/> Certified Orientation and Mobility Instructor |

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

Part G – Professional Verification (continued)

Name of Applicant _____

1. How long have you known the Applicant? _____

2. What is the Applicant’s primary diagnosis? _____

_____ 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 and/or CTrain? _____ / months

4. How does the above listed condition(s) **prevent** the Applicant from using regular transit?

5. Please outline the Applicant’s treatment plan and the expected outcome.

6. How far can the applicant walk or wheel (using a mobility aid if needed) in blocks before needing a rest?

7. Can the Applicant, with his/her mobility aid (if required), complete the following tasks:

- | | |
|--|--|
| <input type="checkbox"/> Board a low-floor bus? | <input type="checkbox"/> Board a CTrain? |
| <input type="checkbox"/> Walk/wheel to the closest bus stop? | <input type="checkbox"/> Step on/off a curb? |
| <input type="checkbox"/> Ask the driver for assistance? | |

8. Is there a history of falls or a balance/gait concern? No Yes **If Yes**, please note the frequency and cause: _____

9. 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 _____

10. **Calgary transit Access 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 Calgary transit Access vehicle? (NOTE: Calgary transit Access is a shared ride service for both **children and adults**).

No Yes **If Yes**, please explain

(*Please note that compliance with Calgary Transit Access Rules of Conduct as described in the Calgary Transit Access Handbook is mandatory*)