

**Calgary Transit Access is public transportation for residents of Calgary whose disability *prevents* them from using Calgary Transit (CT) buses and CTrains. Customers book their trips in advance.**

*Eligibility is not based on age, income, having a disability, language barriers, fear of using Calgary Transit, length of trip time, or other factors such as not knowing how to use Calgary Transit.*

Eligibility is considered if you have a physical or cognitive condition that prevents you from:

- **Accessing Calgary Transit bus stops:** Getting to/from bus stops or CTrain stations.
- **Boarding and exiting CT vehicles:** Getting on or off buses and CTrains.
- **Navigating the system:** Transferring to another bus or CTrain, problem solving while using the Calgary Transit network.

**Other Considerations for determining eligibility:**

- **Ages 13 and older:** If a person's disability *prevents* their use of Calgary Transit buses and CTrains. What are your current transportation options? How are you traveling now?
- **Ages 12 and under:** If a person's disability *prevents* their use of Calgary Transit buses and CTrains even when accompanied by a responsible caregiver.

## Frequent Questions

**Why do I have to get information from a health care professional to apply?** Not everyone who applies will qualify. We need information from a health care professional about how you are prevented from using Calgary Transit buses and CTrains.

**Why do I need to come in for an interview?** There are different levels of service. CTA Eligibility Specialists observe, perform assessments and gather information about your abilities to use Calgary Transit to determine if, and what level of service you qualify for.

**Do I get sent my own vehicle?** Like Calgary Transit, we are public transportation. You will most likely have other customers travelling in a vehicle with you. Drivers will escort you to/from the first exterior door and can offer an arm for assistance if required.

**How far do I have to book in advance?** Trips can be booked up to 4 days in advance but must be booked by 1pm the day before you want to travel.

**What does a trip cost?** Your trip will cost the same as a trip on Calgary Transit: a single Calgary Transit fare (one fare per one way trip). **We do not accept cash or any senior Calgary Transit bus passes** on CTA. We accept tickets, and monthly bus passes.

**Do drivers have any medical training?** Drivers are not medically trained. CTA will call 911 in an emergency; any costs are the customer's responsibility.



# Calgary Transit Access Application

TS 5265 (R2026-02)

## PLEASE MAKE SURE YOUR APPLICATION IS COMPLETE:

- Are your answers clearly written in blue or black ink only?
- Did you make a copy of the complete form for your records?
- Did you attach a copy of your photo identification with proof of address? Applications without this information cannot be processed.
- Part F is to be completed and signed by a licensed health care professional** that has treated you and is not a friend or family member. (CTA is not responsible for any fees charged for the completion of Section F of this form and/or any additional information).

**Once we have your completed form, we will contact you within 10 business days to schedule an in-person interview at one of our Calgary Transit Access locations.**

**The completed original application (along with Part F, proof of address and a copy of valid identification) can be:**

**Scanned and emailed to [calgarytransitaccesseligibility@calgary.ca](mailto:calgarytransitaccesseligibility@calgary.ca)**

**Faxed to 403-537-7812**

**Mailed to: Calgary Transit Access  
Box 2100, Station M #WB170  
Calgary, AB T2P 2M5**

## 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 \_\_\_\_\_

Phone [H] (\_\_\_\_) \_\_\_\_\_ [W] (\_\_\_\_) \_\_\_\_\_ [C] (\_\_\_\_) \_\_\_\_\_

Street Address \_\_\_\_\_ Apt # \_\_\_\_\_  
Calgary, AB

Postal Code \_\_\_\_\_ Email \_\_\_\_\_

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

Pick up door:  Front  Back  Side  Alley  Garage  Other \_\_\_\_\_

*The personal information collected herein is authorized under Section 4(c) of the Protection of Privacy Act (POPA) of Alberta, for the purpose of training and facilitating transportation services through Calgary Transit Access and contracted transportation service providers. The information may be used in an automated system to generate content and for customer satisfaction polling. To ensure client safety, your name, address, and registration number will be disclosed to contracted service providers and supporting agencies to verify pick-up and drop-off. Should you have any questions or concerns regarding the collection and use of your personal information, please contact Calgary Transit Access 403-537-7777, option 5, or feel free to email us at [calgarytransitaccesseligibility@calgary.ca](mailto:calgarytransitaccesseligibility@calgary.ca)*



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**Mailing Address:** (if different from above only)

Name of person at this address \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

**Emergency Contact:** Must be someone who lives in Calgary.

Name \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Phone [H] (\_\_\_\_) \_\_\_\_\_ [W] (\_\_\_\_) \_\_\_\_\_ [C] (\_\_\_\_) \_\_\_\_\_

Legal Guardian Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Primary Caregiver Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Part B - Mobility Aids and Assistance**

None       Portable oxygen       Registered Service Animal       Cane

White cane (because of vision loss)       Crutches       Prosthesis       Booster/car seat

Walker →       4 wheeled, with a seat       2 wheeled, with no seat

Wheelchair →  manual       power      **Wheelchair dimensions:** \_\_\_\_\_ length \_\_\_\_\_ width

Scooter →      **Scooter dimensions:** \_\_\_\_\_ length \_\_\_\_\_ width

Can you independently transfer in / out of a wheelchair/scooter?       Yes       No

**CTA may not be able to accommodate wheelchairs larger than 91cm W x 132cm L (36" W 52" L).**

**\*Can you be left at home alone?**  Yes       No **\*(response required)**

**\*Can you be left out in the community alone?**  Yes       No **\*(response required)**

**\*If you cannot be left alone: A responsible adult must be at the destination to meet you.**

**\* It is the customers family or staff's responsibility to ensure that there is an adult to meet the driver at the correct pick up/ drop off time. \***



Part C - Health Information

1. What disability is preventing you from using Calgary Transit?

\_\_\_\_\_

2. How does this disability prevent you from using Calgary Transit?

\_\_\_\_\_

3. How far can you walk (using a mobility aid if needed)?

- 1 Block 2 Blocks 3 Blocks 4 Blocks 5 Blocks

Part D - Transportation

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

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

2. How often do you use a Calgary Transit bus or CTrain?

- Daily Weekly Monthly Seasonally Occasionally Never

Is there any additional information we need to know to provide safe transportation (if eligible)?

- Yes (review below) No
Speech impairment Non-verbal Hearing loss Vision loss

Seizure disorder (type, frequency, recovery time)

\_\_\_\_\_

\*To determine if you meet our seizure criteria for eligibility, and we may require a Seizure Supplement Form\*

Behavioral/Risk to self or others (describe)

\_\_\_\_\_

\*Calgary Transit Access requires you (the Applicant) to be interviewed to determine eligibility. Please ensure you also 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

Email Relationship to Applicant

I also consent for this person to be contacted and added as an emergency contact: Yes No

**Part E – Consent: Please review and 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 User Guide.
- I agree that Calgary Transit Access may give my name, phone number and other relevant information to Calgary Transit Access’s contracted service providers, supportive agencies and to external consultants for customer satisfaction surveys or polling.
- I will tell Calgary Transit Access if I no longer need to use Calgary Transit Access services or if I move outside of Calgary city limits.
- I agree that the information provided in the application is true and correct. I understand that falsification of information will result in the loss of Calgary Transit Access services.
- I agree that if information reported by the public suggests that I do not qualify for Calgary Transit Access, that I may be asked to be reassessed for services at any time.
- I authorize the professional completing the attached Part F – Professional Verification, to provide Calgary Transit Access information about my disability or health condition and its effect on my ability to travel safely with other customers on Calgary Transit.
- I understand that if I do not book a trip in one year that I will not be sent renewal paperwork. If I do not book any trips in two years, my file will be closed. I can reapply in the future if needed.

**Name (Please Print)** \_\_\_\_\_

**Signature of Applicant (Legal Guardian if applicable)** \_\_\_\_\_ **Date** YYYY/MM/DD \_\_\_\_\_

**Legal Guardian Consent** (if applicable: **Proof of guardianship will be required**)

**Note:** Legal Guardianship does not include Power of Attorney. Individuals aged 18 or older are their own guardian unless legal guardianship is otherwise obtained through the courts.

**Legal Guardian Name (Only required if over age of 18 with guardianship)**

\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Street Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Email \_\_\_\_\_

**I understand that an interview will be required to determine eligibility, and the Applicant must be present.**

**End of your portion of the application.**





# Calgary Transit Access Application

TS 5265 (R2026-02)

## **Part F – Health Professional Verification: \*Completion of this form does not guarantee eligibility\***

Name and date of birth of Applicant: \_\_\_\_\_ DOB: \_\_\_\_\_  
YYYY/MM/DD

**The following can only be completed by one of the listed licensed health care professionals as listed below that has treated and/or directly supported the applicant.**

Calgary Transit Access (CTA) is a public, door-to-door, shared ride service available for Calgarians if their disability **prevents** their ability to get to/from a bus stop, get on/off Calgary Transit buses and CTrains, or navigate the Calgary Transit network.

**Age, income, language barriers, fear, length of trip time, or unfamiliarity with how to use Calgary Transit is not eligibility criteria for services.**

Any fees for completing this form (or any additional information) are the responsibility of the applicant.

Applicants must sign the preceding authorization allowing their health care professional to release information to Calgary Transit.

**Part F** 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.**

**Please stamp below (if applicable). We require your name, Title, Address, Phone, email address and signature.**

Name (please print) \_\_\_\_\_ Title \_\_\_\_\_

Address (please print) \_\_\_\_\_

Email: \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

YYYY/MM/DD



# Calgary Transit Access Application

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Name and date of birth of Applicant: \_\_\_\_\_ DOB: \_\_\_\_\_

YYYY/MM/DD

1. How long have you known the Applicant? \_\_\_\_\_

2. What is the Applicant's primary disability? \_\_\_\_\_

\_\_\_\_\_ Date of onset \_\_\_\_\_

3. How does the above disability(s) **prevent** the Applicant from using Calgary Transit?

\_\_\_\_\_  
\_\_\_\_\_

4. Which tasks can the Applicant complete with their mobility aid (if applicable)?

- Safely cross a two laned street?                       Board a CTrain?
- Move/wheel to the closest bus stop?                       Step on/off a curb?
- Ask the driver for assistance?

5. Are there any balance/gait concerns?  No  Yes Details: \_\_\_\_\_

6. Please describe how the Applicant's day-to-day function is affected in the following areas:

**Functional Health** \_\_\_\_\_

**Sensory** \_\_\_\_\_

**Cognitive** \_\_\_\_\_

**Mental Health** \_\_\_\_\_

**Behavioral** \_\_\_\_\_

**7. Calgary Transit Access does not provide attendants in vehicles. We provide transportation to customers of ALL ages. Drivers leave customers unattended in vehicles when accompanying other customers to the door at their destination.**

Does the Applicant require a mandatory attendant for behavioral or medical reasons, to ensure the safety of self or others when they are in a Calgary Transit Access vehicle?

No  Yes **If YES**, explain why: \_\_\_\_\_

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