SHOULD I APPLY?

Eligibility is based solely on ability to use a Calgary Transit bus or CTrain.

Eligibility is not based on age, income, language barriers, fear, inability to drive, unfamiliarity of how to use Calgary Transit or the length of trip when using Calgary Transit.

Calgary Transit Access is a shared ride, door to door public service for Calgarians who are prevented from using Calgary Transit due to a disability.

Transfers to other accessible vehicles or CTrain may occur.

Please note that submission of an application does not guarantee eligibility for services.

Updated information and/or an interview will be required periodically to renew eligibility for services.

- Calgary Transit continues to improve accessibility. Because of this, eligibility in the past does not guarantee eligibility in the future.
- Please ensure the form is complete and legible.
- Please provide a copy of the Applicant’s photo identification with proof of address and attach it to this form.
- Part G must only be completed and signed by one of the licensed health care professionals that has directly supported the Applicant, as listed on Part G.
- Part G cannot be filled out by a friend, acquaintance or relative.
- Any fees for the completion of this form and/or any additional information are the responsibility of the Applicant.
- Upon receipt of completed form, the applicant will be contacted within 10 business days to arrange an in-person interview at one of the Calgary Transit Access interview locations.
- The fully completed original application along with proof of ID and address can be:
  - Emailed to: calgarytransitaccesseligibility@calgary.ca
  - Faxed to: 403-537-7812
  - Mailed to:
    - Calgary Transit Access
    - Box 2100, Station M #WB170
    - Calgary, AB T2P 2M5

*Please complete all parts in black or blue ink only and keep a copy for yourself.

The personal information collected herein is authorized under Section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act of Alberta, for the purpose of facilitating transportation services through Calgary Transit Access and contracted transportation service providers. 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, at 403-537-7777, option 5, or feel free to email us at calgarytransitaccesseligibility@calgary.ca.
Calgary Transit Access Application

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: Must 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

☐ Walker ➔  ☐ 2 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
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 (other than your home address) where you can be dropped off if there is no one at home to meet you.

(a) Caretaker / Hand Over Responsibilities:
The driver must 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) Caretaker / Hand Over Responsibilities, 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 only, 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-of window, the customer may be subject to suspension of service.

Street Address __________________________________________________________ Apt # ____________

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

Relationship to Applicant: _________________________________________________________________________

**Part C - Health Questions**

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Climb three steps, if there is a rail?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cross a busy intersection?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recognize landmarks?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ask for help or directions?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tell time?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Problem solve in unexpected circumstances?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel alone in the community (i.e. to a corner store)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use Calgary Transit when the route is familiar?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Use a cell phone?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Track daily appointments and activities?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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?
__________________________________________________________________________________________________

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. 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? __________________________________________________________

**Part D - 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. How far is the closest bus stop to your home? ________________________________________________
   What is the bus route number? ___________

5. If you are no longer using a 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.

<table>
<thead>
<tr>
<th>Address of Destination</th>
<th>Frequency of Travel</th>
<th>How do you get there now?</th>
</tr>
</thead>
<tbody>
<tr>
<td>______________________</td>
<td></td>
<td>________________________</td>
</tr>
<tr>
<td>______________________</td>
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<td>________________________</td>
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<tr>
<td>______________________</td>
<td></td>
<td>________________________</td>
</tr>
</tbody>
</table>
7. If driven directly to a CTrain station, could this applicant get on the CTrain and travel to another CTrain station to be picked up again?
   - [ ] Yes
   - [ ] No If No please explain why not_____________________________________

8. Is there any additional information we need to know to provide transportation for the applicant?
   - [ ] Yes (see below)
   - [ ] No
   - Speech impairment
   - Non-verbal
   - Hearing loss
   - Vision loss
   - 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 User Guide is mandatory. The User Guide can be found at www.calgarytransit.com and follow the Calgary Transit Access links.*)

Part E – Additional Information

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? ___________________________________________________
Part F - Consent Form

**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 User Guide.
- I agree that Calgary Transit Access (Calgary Transit) may use personal information about me, including my photo, in order to provide safe transportation services.
- 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.
- I agree that the information provided in the application is true and correct. I understand that falsification of information will 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.

Applicant Name (Please Print) _____________________________________________________________

Signature of Applicant (Legal Guardian if applicable) ___________________________ Date YYYY/MM/DD

Legal Guardian Consent (if applicable)

**Note:** Legal Guardianship does not include Power of Attorney designations or informal representatives. Individuals age 18 or older are 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
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, email 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:

- Email to: calgarytransitaccesseligibility@calgary.ca
- Fax to: 403-537-7812
- Mail to: Calgary Transit Access
  Box 2100, Station M  #WB170
  Calgary, AB T2P 2M5
Part G – Professional Verification

Calgary Transit Access is a service for Calgarians with a disability that are prevented from using Calgary Transit (a bus or a CTrain). This is our sole eligibility mandate.

Eligibility is NOT based on age, income, language barriers, fear of crime, fear of using Calgary Transit, inability to drive, unfamiliarity of how to use Calgary Transit or the length of a trip when using Calgary Transit.

To reduce confusion about what our service can offer, please do not complete these forms unless this applicant cannot physically or cognitively use a bus or CTrain.

*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:

- [ ] Doctor (Physician, Surgeon or Psychiatrist)
- [ ] Occupational/Physical/Recreation Therapist
- [ ] Psychologist
- [ ] Registered Social Worker
- [ ] Registered Nurse/Nurse Practitioner
- [ ] 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 bus and/or CTrain? ____________ / months

4. How does the above listed condition(s) prevent the Applicant from using Calgary 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:

☐ Board a low-floor bus? ☐ Board a CTrain?
☐ Walk/wheel to the closest bus stop? ☐ Step on/off a curb?
☐ 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. If the applicant was driven directly to an CTrain station, could this applicant get on the CTrain and travel to another CTrain station (to be picked up again)?

☐ Yes ☐ No If No please explain why not_________________________________________________

10. Describe if and how the Applicant’s day-to-day function is affected in the following areas:

   Functional/Physical Health _________________________________________________________________

   Sensory _________________________________________________________________

   Cognitive _________________________________________________________________

   Mental Health _________________________________________________________________

   Behavioral _________________________________________________________________

11. 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 a 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 User Guide is mandatory")