Application for Service Eligibility – Grande Prairie Accessible Transit – Section 1

Grande Prairie Accessible Transit is an accessible, door-to-door shared Transit service for people with permanent or temporary disabilities. This service is for people who have a disability that prevents them from riding the conventional bus without the help of another person.

Please complete ALL sections of this form to avoid any delay in processing.

Contact Information (PRINT)

1. Contact Information and Permanent Address:

   Last Name                  First Name       Initial
   Address                     Suite#
   City                        Province       Postal Code
   ( )                         ( )
   Home Phone                  Cell Phone
   Email

2. If your mailing address is different from your permanent address, please complete the following:

   Last Name                  First Name       Initial
   Address                     Suite#
   City                        Province       Postal Code

Personal Information

3. Gender

   ☐ Female
   ☐ Male

4. In case of emergency, please contact:

   Last Name                  First Name       Relationship
   ( )                        ( )
   Daytime Phone              Evening Phone
5. **Describe why** you cannot use the fixed-route bus based on your cognitive and/or physical functional mobility limitations.


6. Describe your travel abilities and limitations. (please check the appropriate box)

<table>
<thead>
<tr>
<th>I am able to:</th>
<th>Always</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walk/ use a wheelchair 3 city blocks (400 meters)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walk up and down steps</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Sit down or rise without assistance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ask for or receive travel directions verbally or in writing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>See signs and read directions clearly</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

| I am unable to:                                                            |        |           |       |
| Travel alone due to cognitive condition, confusion or disorientation       |        |           |       |

7. Is your mobility limitation a permanent or temporary condition?
   - ○ Permanent
   - ○ Temporary, specify recovery date when Accessible Transit will no longer be required (date can be extended if necessary):
     - Month _____ Day _____ Year _____

8. Can you be left alone at your residence at the time of drop off?  ○ Yes  ○ No, explain below

**NOTE: Your emergency contact will be called if someone is not available to receive you at home.**

9. **Do you use any of the following aids?** Check all that apply and let the Accessible Transit office know the type and size of equipment when booking:
   - ○ None
   - ○ Walker – Non folding
   - ○ Manual wheelchair
   - ○ Scooter
   - ○ Oxygen tank
   - ○ Cane – Includes white cane
   - ○ Walker – Folding
   - ○ Power wheelchair
   - ○ Service animal
   - ○ Other: __________________________
Please Note: If a wheelchair or scooter is used, the maximum base dimensions are 30” x 50” (76x127 cm). Equipment larger than this cannot be accommodated. A combined weight of the equipment and the passenger cannot exceed 750 lbs (340 kg).

Does the outside dimensions of the wheelchair/scooter exceed the identified measurements?
  ○ Yes  ○ No

Does the combined weight of the passenger and mobility device exceed this weight?
  ○ Yes  ○ No

If you answered YES to either weight or dimensions, please explain:

__________________________________________________________________________________________

10. Will you be travelling with the assistance of a personal aide:  ○ Yes  ○ No  ○ Sometimes

If you require the assistance of a personal attendant or aide, please identify them below:

( )

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Phone</th>
</tr>
</thead>
</table>

**You are responsible to provide your own personal attendant or aide for all booked trips.**

We encourage our customers to use Transit fixed-route service for some trips, and to use Accessible Transit when regular Transit services are inaccessible.

11. Do you currently use Transit fixed-route service for some of your trips?  ○ Yes  ○ No

12. Would you like to receive free training to use regular Transit bus services?

  ○ Yes, I am interested in receiving free training that will teach me how to use the regular Transit bus service at my own pace with a qualified trainer.

  ○ No, I do not wish to receive free training.

Grande Prairie Accessible Transit may contact you with regards to the information contained on this application to ensure accuracy.

Please have your practitioner complete and sign the “Medical Verification of Eligibility Grande Prairie Accessible Transit—Section 2” (pages 5-8), before your application is submitted to Grande Prairie Accessible Transit.
Authorization

The information provided in this form is solely for the use of Grande Prairie Accessible Transit and its Agents to determine your eligibility for custom Para-Transit services. By completing this application, you and your representative declare that you understand and authorize the following:

- You have a disability, medical conditions, or age related frailty that prevents you from using the regular accessible Transit some or all of the time.
- You consent to the disclosure of personal information provided on this form by your medical practitioner (Doctor, Therapist, Case Manager, etc.) to Grande Prairie Accessible Transit or its Agents.
- You acknowledge that you may be requested to undergo an additional functional assessment at your cost.
- Grande Prairie Accessible Transit can re-assess your eligibility if it appears your transportation needs have changed.

Last Name (Please Print)  First Name (Please Print)
_________________________  ____________________________
Date: _______/ _______/ _______
Signature of Applicant or Legal Representative  Month  Day  Year

Legal Representative must complete contact information below.

Facility/Program  Phone
Mailing Address
Email  Fax

Last Name  First Name  Title
Signature  Date

Designated agencies/representatives include: CNIB, Intermediate or Extended Care Facility Case Manager, Dementia/Geriatrics Program Case Manager, Mental Health Case Managers, Community Living Program Social Worker.

Please send completed application to:
Grande Prairie Accessible Transit
9505-112 Street, Grande Prairie, AB T8V 6H8
Email: dispatch@cityofgp.com

For more information, call 780-830-7433
Medical Verification of Eligibility

Grande Prairie Accessible Transit—Section 2

The purpose of this form is to obtain information about the applicant’s physical and/or cognitive functional ability to use regular bus service. Grande Prairie Accessible Transit will use this information to assess the applicant’s eligibility for Accessible Transit service. Fees for completing this form are the applicant’s responsibility.

The application form must be **completely filled out and signed by a qualified health care or social services practitioner** familiar with the applicant’s mobility. A medical doctor, registered nurse, registered psychiatric nurse, occupational therapist, physical therapist, rehab practitioner, or social worker can complete the form.

*Please clearly describe the applicant’s ability or inability to use the regular Transit bus service. An incomplete or unclear form will be returned.*

Submit form to Grande Prairie Accessible Transit office (9505-112 St. Grande Prairie, AB, T1H 0K4) or online at www.cityofgp.com/transit.

For more information, contact Grande Prairie Accessible Transit at 780-830-7433.

*Submitting a completed form does not guarantee eligibility.*

**Applicant’s Name**

Last Name | First Name | Initial
---|---|---

The personal information requested on this form will be solely for use by Grande Prairie Accessible Transit and its Agents to determine eligibility for custom transit services. Grande Prairie Accessible Transit collects this information pursuant to Section 33(c) of the Alberta Freedom of Information and Protection of Privacy (FOIP) Act. The information collected will be used in compliance with this Act. If you have any questions about the collection, use and protection of your personal information, please contact the City of Grande Prairie FOIP Coordinator at 780-357-8716.
1. What disability conditions prevent the applicant from using Accessible Transit service?


2. How does this condition affect the applicant’s ability in the following areas?

   PERMANENT TEMPORARY
   ○ Walking/mobility ○ If temporary, for how long?
   ○ Endurance ○ Less than 3 months
   ○ Vision ○ 3 months
   ○ Memory ○ 6 months
   ○ Perceptual ○ 1 year
   ○ Behaviours ○ 2 years
   ○ Cognition ○ 3 years or more
   ○ Personal safety ○ Seasonal: Nov. 1 – Apr 30 each year (Re-apply yearly)
   Other (specify)________________________

   For seasonal restrictions please describe below:


3. Does the applicant’s disability or health condition prevent (as opposed to make difficult) use of low floor Accessible Transit?  ○ Yes  ○ No  ○ Sometimes
(See our website for further Transit bus accessibility information at www.cityofgp.com)

   Explain:


4. When is it possible for the applicant to use traditional fixed route Accessible Transit?


5. **Can the applicant (select all that are applicable):**

- ○ Make decisions about personal activities, care or finances
- ○ Communicate or interact with others effectively
- ○ Understand written and printed material
- ○ Understand spoken word or auditory information
- ○ Recognize landmarks
- ○ Ask for directions
- ○ Tell time
- ○ Problem solve unexpected situations
- ○ Safely cross the street
- ○ Detect curbs and drop-offs
- ○ See at night
- ○ Walk up 3 steps (8 inches high) when handrails are available
- ○ Walk down 3 steps (8 inches high) when handrails are available
- ○ Walk as a pedestrian – max 3 blocks or 400m
- ○ Walk as a pedestrian – max 2 blocks or 250m
- ○ Walk as a pedestrian – max 1 block or 100m
- ○ Wait at a bus stop while standing
- ○ Wait at a bus stop while seated
- ○ Plan a trip and travel alone outside the home
- ○ Board low floor Accessible Transit (bus without steps) independently if the ramp is at curb level and handrails are available
- ○ Stand on an Accessible Transit bus while it is moving supported by a grab bar
- ○ Travel on an Accessible Transit bus when no transferring is required
- ○ Travel in an Accessible Transit bus when the bus stop is accessible
- ○ Travel on the Accessible Transit bus during non-rush hour traffic
- ○ Travel on the Accessible Transit bus when the route is familiar
- ○ Sit or rise, from a seat without assistance from another person
- ○ Travel on conventional Accessible Transit with help (clarify from whom: personal attendant/aid, friend, etc.)

**Explain:**
6. Will the applicant require a mandatory attendant? If so, it would be the responsibility of the client to provide this attendant.  
   ○ Yes  ○ No

7. Can the applicant be left alone at their destination?  
   ○ Yes  ○ No

8. Can the applicant be left alone at home at the time of drop-off?  
   ○ Yes  ○ No

   Explain:
   
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

8. Do you have any other comments or concerns?  
   
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

9. Did you complete any assessment or examination in order to determine this applicant’s functional ability to use Accessible Transit bus service?  
   ○ Yes  ○ No

Form completed by: (Please Print) Date: _______/_______/_______

Month  Day  Year

Last Name  First Name  Initial

____________________________________________  (______) ____________________________
Signature  Phone

Relationship to applicant: ____________________________________________________________

Professional qualifications: ____________________________________________________________

How long have you (or your Agency) been involved with the assessment of this person’s health and disability condition?

______________________________________________________________