

### Description

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.**

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 6–9), before your application is submitted to Grande Prairie Accessible Transit.

### Submission Information

Complete applications may be submitted electronically to [dispatch@cityofgp.com](mailto:dispatch@cityofgp.com), by fax to **780-538-4667**, or by mail to Grande Prairie Accessible Transit, 9505-112 Street, Grande Prairie, Alberta, T8V 6H8, or online at [cityofgp.com/transit](http://cityofgp.com/transit).

**Submitting a completed form does not guarantee eligibility.**

### Questions

For questions or for more information please contact **780-830-7433**.

### FOIP Act Policy

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**.

**Contact Information**

*1. Contact Information and Permanent Address:*

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

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

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

**Personal Information**

3. Gender       Female       Male

**4. In case of emergency, please contact:**

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 boxes.**

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

**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**

**Please 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:

- |   |   |
|---|---|
| <input type="checkbox"/> None                 | <input type="checkbox"/> Cane – Includes white cane |
| <input type="checkbox"/> Walker – Non folding | <input type="checkbox"/> Walker – Folding           |
| <input type="checkbox"/> Manual wheelchair    | <input type="checkbox"/> Power wheelchair           |
| <input type="checkbox"/> Scooter              | <input type="checkbox"/> Service animal             |
| <input type="checkbox"/> Oxygen tank          | <input type="checkbox"/> Other: _____               |

**Please Note:** If a wheelchair or scooter is used, the maximum base dimensions are 30" x 50" (76 x 127 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:

First Name	Last Name	Phone
------------	-----------	-------

**Please Note:** 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 6–9), before your application is submitted to Grande Prairie Accessible Transit.

**Signature**

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.

<b>First Name</b>		<b>Last Name</b>	
<b>Signature</b> (Applicant or Legal Representative)		<b>Date</b> (MM/DD/YYYY)	

**For Designated Agency Use Only – Application Assessment**  
**Legal Representative must complete contact information below.**

I certify that the information provided in this application is true to the best of my knowledge.

<b>Facility/Program</b>		<b>Phone</b>	
<b>Mailing Address</b>			
<b>Email</b>		<b>Fax</b>	
<b>Representative Name</b>		<b>Title</b>	
<b>Signature</b>		<b>Date</b> (MM/DD/YYYY)	

**Please Note:** 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.

<b>Submission Information</b>	
<b>Please send completed application to:</b>	<b>Grande Prairie Accessible Transit</b> 9505-112 Street, Grande Prairie, AB T8V 6H8
	<b>Email: <a href="mailto:dispatch@cityofgp.com">dispatch@cityofgp.com</a></b>

### Description

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.**

### Submission Information

Complete applications may be submitted electronically to [dispatch@cityofgp.com](mailto:dispatch@cityofgp.com), by fax to **780-538-4667**, or by mail to Grande Prairie Accessible Transit, 9505-112 Street, Grande Prairie, Alberta, T8V 6H8, or online at [cityofgp.com/transit](http://cityofgp.com/transit).

**Submitting a completed form does not guarantee eligibility.**

### Questions

For questions or for more information please contact **780-830-7433**.

### FOIP Act Policy

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**.

**Applicant's Information**

First Name

Last Name

Initial

**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**

Walking/mobility

Endurance

Vision

Memory

Perceptual

Behaviours

Cognition

Personal safety

Other (specify)

**TEMPORARY**

If temporary, for how long?

Less than 3 months

3 months

6 months

1 year

2 years

3 years or more

Seasonal: Nov. 1 – Apr 30 each year (Re-apply yearly)

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

**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):**

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

**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)

**First Name**

**Last Name**

**Signature**

**Date** (MM/DD/YYYY)

**Phone**

**Email**

**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?**