Transit, 2001 Sherwood Drive, Sherwood Park, Alberta, T8A 3W7 **Phone** 780-449-9680 **Fax** 780-417-7176

INTRODUCTION

Mobility Bus service is a door-to-door shared ride accessible public transit service. The Mobility Bus is intended for those persons who, due to a physical or functional limitation, cannot use Strathcona County Transit (SCT) fixed-route* buses.

*** Fixed-route** refers to regular public transit service provided by Strathcona County including commuter routes, local routes and Dial-A-Bus service.

ELIGIBILITY

To use the Mobility Bus service, you must meet specific eligibility criteria. Eligibility is considered on a case-by-case basis and is not based on a particular disability, nor is it based on income level or lack of accessible public transit in an applicant's area.

Eligibility is also approved on the basis of level of eligibility falling into three categories:

1. Unconditional – all trip requests
2. Temporary – limited period of time (i.e. surgery recovery)
3. Conditional eligibility – environmental or physical barriers limit the ability to use fixed-route transit services (i.e. winter time, non-accessible fixed-route/bus stops)

HOW TO APPLY FOR MOBILITY BUS SERVICE:

- Fill out Part A of this application.
- Take or send the application (Parts A and B) to a healthcare professional familiar with your case to have them complete Part B. **Any charges for completing this form or obtaining additional information are the responsibility of the applicant. If this creates any financial hardship, please contact us to discuss possible alternative arrangements.**
- Return the completed application (Parts A and B) to the Mobility Bus.

Mail in address:	Drop off address:
Mobility Bus Application	**Mobility Bus Application**
Strathcona County Transit	**Strathcona County Transit**
2001 Sherwood Drive	**200 Streambank Avenue**
Sherwood Park, Alberta T8A 3W7	**Sherwood Park, Alberta**

- The Mobility Bus will notify you of your eligibility. If we require additional information, you and/or your healthcare professional may be requested to provide us with more information about your disability and how it affects your use of fixed-route transit buses.
- All applications will be reviewed and processed within seven working days of receiving the fully completed application.
- **Failure to completely fill out the application (Parts A and B) will delay the application process. Please print clearly.**

CONFIDENTIALITY

Collection and use of personal information
Personal information is collected under the authority of section 33(c) of the *Freedom of Information and Protection of Privacy Act* and will be used to manage and administer Strathcona County's Mobility Bus Service. If you have questions regarding the collection, use or disclosure of this information, contact the Mobility Bus Dispatcher, Strathcona County at 780-449-9680.

CONTACT US

If you have any questions or need assistance, please call the Mobility Bus at 780-449-9680.

COMMON TERMINOLODY USED IN THIS FORM

- **Fixed-route** refers to regular public transit service provided by Strathcona County including commuter routes, local routes and Dial-A-Bus service.
- **Travel training** refers to a program that helps participants learn how to ride on fixed-route transit services. It includes both classroom and actual bus training.
- **Curb cuts** refer to ramps graded from the top surface of a sidewalk to the surface of an adjacent street. Curb cuts are placed at street intersections allow someone in a wheelchair, using a walker or cane, pushing a stroller, or pulling a cart, etc. to move onto or off a sidewalk without difficulty.
- **Low Floor Accessible Bus** refers to a bus that has no steps at entrance and exit doors and in the aisle between the doors, can be lowered at the curb level for easy access, and provides ramps and designated secure spaces for wheelchair users. It offers mobility-impaired customers greater freedom and flexibility when travelling on fixed-route transit buses.

PART A: APPLICANT INFORMATION – Completed by Applicant

GENERAL INFORMATION

Title: ☐Mr. ☐Mrs. ☐Ms. ☐Miss (Optional however it will assist us in personalizing our services)

Name: ____
(Last) (First) (Middle)

Address: ____
(Street) (Apt)

____
(Subdivision if Rural)

____
(City or Town) (Postal Code)

Residence Phone: ( ) _______________Work Phone: ( ) __________________

Cell Phone: ( ) _______________TTY/TDD Number: ( ) ___________________
(For Hearing Impaired)

E-mail Address (Optional): ____

Date of Birth: ___________ (MM/DD/YYYY)

Please provide your mailing address (if different from above)

____
(Street) (Apt)

____
(City or Town) (Postal Code)

EMERGENCY CONTACT INFORMATION

In case of an emergency, please notify (eg. guardian, family, friend, neighbour, caregiver):

Primary Contact: _______________________ Secondary Contact: _____________________

Home Phone: ( ) ____________________ Home Phone: ( ) _____________________

Business Phone: ( ) _________________ Business Phone: ( ) __________________

Cell Phone: ( ) _____________________ Cell Phone: ( ) ______________________

Relationship to Applicant: ________________ Relationship to Applicant: _________________

ABILITY TO USE STRATHCONA COUNTY FIXED-ROUTE TRANSIT BUSES

1. Check one box that best describes your ability to get to or from a bus stop:

☐ I can always get to and from a bus stop

☐ I can get to and from a bus stop only if (circle all that apply)

1. I have an attendant with me
2. I need to travel less than _________ meters to or from the bus stop
3. I receive travel training for the stops I use
4. There are sidewalks and curb cuts along the route to the stop
5. The path is free of ice, snow or debris
6. Other ____

☐ I can never get to and from a bus stop (please explain why)

____

____

2. Check one box that best describes your ability to wait outside at a bus stop:

☐ I can generally wait outside at a bus stop and recognize my bus

☐ I can wait outside at a bus stop only if (circle all that apply)

1. There is a bench
2. There is a shelter
3. Other _______________________________________

☐ I cannot wait outside at a bus stop (please explain why)

____

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3. Check one box that best describes your ability to get on and off a bus:

☐ I can usually get on and off any fixed-route transit buses with or without steps

☐ I can get on and off a fixed-route transit bus only if (circle all that apply)

1. I have an attendant with me
2. The bus is a low floor accessible bus with no steps
3. Other ____

☐ I can never get on and off a fixed-route transit bus (please explain why)

____

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4. Check one box that best describes your ability to ride on a fixed-route bus (pay proper fare, safely sit or hold on, behave appropriately, and signal next stop):

☐ I can usually ride on a fixed-route transit bus
☐ I can ride on a fixed-route transit bus if I have an attendant with me
☐ I cannot ride on a fixed-route transit bus (please explain why)

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5. Check one box that best describes your ability to get to your destination:

☐ I can usually recognize my destination and leave the bus
☐ I can recognize my destination and leave the bus only if (circle all that apply)

1. I have an attendant with me
2. The driver announces my stop
3. I receive travel training
4. Other ____

☐ I cannot recognize my destination and leave the bus (please explain why)

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6. Thinking through all steps using a fixed-route transit bus (Questions 1 to 5), I can use fixed route transit buses only if: (check all that apply)

☐ I have an attendant with me
☐ I have received travel training
☐ I am familiar with the route
☐ All buses are all low-floor accessible
☐ Other ____

7. Overall, how does your disability affect your ability to use fixed-route buses (please provide any information that you feel would help)?

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OTHER INFORMATION

8. Do you require a mandatory attendant when using the Mobility Bus? ☐ Yes ☐ No

Note: Mobility Bus drivers must concentrate on the safe operation of their vehicles and cannot supervise those who require constant and frequent attention because of medical or behavioral reasons. Registrants displaying unacceptable behaviors that affect other passengers and/or the driver will be required to ride with a mandatory attendant at all times.
If you do require a mandatory attendant and you meet the eligibility criteria, the Mobility Bus will only provide service when an attendant, provided by you, is travelling with you.

9. Can you be left alone at your destination? ☐ Yes ☐ No

10. Can you be left alone at home? ☐ Yes ☐ No

Please provide an alternate drop-off address and contact number in close proximity if you cannot be left alone at home:

Contact Name: ___________________________ Phone: ( ) ________________

Address: ____
(Street) (Apt)

____
(City or Town) (Postal Code)

11. Will you use any of the following when you ride the Mobility Bus? (check all that apply)

☐ Manual wheelchair ☐ Non-Foldable Walker ☐ Crutches
☐ Powered wheelchair ☐ Foldable Walker ☐ Oxygen Tank
☐ Powered scooter ☐ Service Animal ☐ White cane
☐ Cane ☐ Communications Device ☐ Prosthetics
☐ Other ____

Note: All mobility aids must be kept in good condition or they cannot be accommodated on the Mobility Bus. If the Mobility Bus cannot properly secure your mobility aids, we may not be able to provide you with service. The maximum base dimensions of mobility aid equipments are 30 x 50 inches (76 x 127 cm). Equipments larger than this cannot be accommodated. The combined weight of the equipment and passenger cannot exceed 750 lbs (340 kg).

12. If you use a mobility aid equipment, can you transfer to a four-door sedan without assistance?

☐ Yes ☐ No ☐ Sometimes ☐ Not Applicable

13. Would you be able to ride fixed-route transit buses if you were trained how to use the system?

☐ Yes ☐ No (if no please explain why)

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☐ **I hereby certify that to the best of my knowledge, the information given above is accurate and I authorize the healthcare professional named in Part B to provide information to the Mobility Bus. If the Mobility Bus receives new information regarding a change in my functional ability, my eligibility status may be reviewed and changed.**

☐ **I hereby certify that I have read and understand the Mobility Bus Service Rules.**

Signature of Applicant: ________________________ Date: _____/______/_________
(MM) (DD) (YYYY)

IF APPLICABLE

If you are not the applicant, but have completed this application on the applicant's behalf, you must provide the following information:

Your name: ____

Address: ____
(Street) (Apt)

____
(City or Town) (Postal Code)

Home Phone: ( ) ___________ Business Phone: ( ) ______________

Cell Phone: ( ) ____________ E-mail Address (optional): ___________________________

Relationship to applicant: ____

☐ **I hereby certify that to the best of my knowledge, the information given above is accurate and I authorize the healthcare professional named in Part B to provide information to the Mobility Bus. If the Mobility Bus receives new information regarding a change in functional ability, eligibility status may be reviewed and changed.**

Signature of Representative: _______________________ Date: _____/______/_________
(MM) (DD) (YYYY)

Written Consent

☐ **I am aware that my representative has filled out this application on my behalf, and I consent to the Mobility Bus providing a copy of all correspondence relating to this application to my representative.**

Signature of Applicant: ________________________ Date: _____/______/_________
(MM) (DD) (YYYY)

Or Verbal Consent

☐ Verbal consent was obtained from the applicant to authorize that they are aware that a representative has filled out this application on their behalf, and they consent for the Mobility Bus to provide a copy of all correspondence relating to this application to their representative.

Strathcona County
Employee Name: ___________________________

Employee Signature: _________________________ Date: _____/______/_________
(MM) (DD) (YYYY)

When you have completed Part A, take or mail Parts A and B to your healthcare professional.

PART B: HEALTHCARE PROFESSIONAL TO COMPLETE

The purpose of this assessment is to provide sufficient information about the applicant's ability using the fixed-route transit buses. This will allow the Mobility Bus to assess the applicant's eligibility for the Mobility Bus service. The Mobility Bus may require more information from the person completing this assessment.

Any charges for completing this form or for obtaining additional information are the responsibility of the applicant.

The completion of the assessment does not guarantee eligibility.

- All parts of this assessment must be completely filled and signed by a qualified healthcare or social service professional familiar with the applicant's case.
- Clearly describe the applicant's ability/inability to use fixed-route transit buses and under what condition.
- Any forms that are unclear or incomplete will be returned.

If you have any questions or need assistance, please call the Mobility Bus at **780-449-9680.**

Applicant's Name: ____
(Last) (First) (Middle)

1. I have read Part A in its entirety:

☐ **Yes** ☐ **No**

2. I agree with the information in Part A, Ability to Use Fixed-route Transit Buses (Questions 1 to 7):

☐ **Yes** ☐ **No** (If no please explain why)

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3. Please describe applicant's diagnosis, prognosis, impairments and/or limitations causing disability:

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4. Please describe in detail how the applicant's physical and/or functional limitation affects their ability to use the fixed-route transit buses:

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5. In your professional opinion, check <u>one</u> box that best describes the applicant's functional limitation:

☐ Does NOT prevent them from using fixed-route transit buses
☐ Prevents them from using fixed-route transit buses only in the winter
☐ Prevents them from using fixed-route transit buses year round
☐ Prevent them from using fixed-route transit buses unless an attendant accompanies them
☐ Other ____

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6. Severity of Disability/Limitations:

☐ Mild ☐ Moderate ☐ Severe ☐ Profound

7. Expected duration of disability:

☐ Temporary: Expected duration until ________/________/____________
(MM) (DD) (YYYY)

☐ Permanent: Conditions with no expectation of improvement

☐ Seasonal: limitation impacted by winter ice/snow conditions

8. Did you complete an assessment to determine the applicant's functional ability to use the fixed-route transit buses?

☐ **Yes** ☐ **No**

9. Does the applicant require an attendant when using the Mobility Bus?

☐ **Yes** ☐ **No**

Note: Mobility Bus drivers must concentrate on the safe operation of their vehicles and cannot supervise those who require constant and frequent attention because of medical or behavioral reasons. Registrants displaying unacceptable behaviors that affect other passengers and/or the driver will be required to ride with a mandatory attendant at all times.
If you do require a mandatory attendant and you meet the eligibility criteria, the Mobility Bus will only provide service when an attendant, provided by you, is travelling with you.

10. Can the applicant be left alone at their destination? ☐ Yes ☐ No

11. Can the applicant be left alone at home? ☐ Yes ☐ No

12. Would the applicant be able to ride fixed-route transit buses if they were trained how to use the system?

☐ Yes ☐ No (if no please explain why)

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13. Is (are) there any other effect(s) of the disability that the Mobility Bus should be aware of?

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I hereby certify that the information included in this assessment form is accurate and a true reflection of the applicant's ability to use public transit.

Signature: ___________________________________ Date: _____/_____/_________
(MM) (DD) (YYYY)

Print Name/Stamp: ____

Address: ____
(Street) (Apt)

____
(City or Town) (Postal Code)

Phone: ( ) ____________________

Relationship to applicant: ____

License/Certification Number: ___________________________________

Profession (check one)

- ☐ Licensed Physician
- ☐ Licensed Physical Therapist
- ☐ Certified Rehabilitation Specialist
- ☐ Registered Occupational Therapist
- ☐ Nurse
- ☐ Licensed Optometrist
- ☐ Certified Psychologist
- ☐ Other__________________________

THANK YOU FOR YOUR ASSISTANCE

Please return this application to the person seeking Mobility Bus certification, or with the person's permission, forward it directly to the Mobility Bus by fax at 780-417-7176.