



Transportation Services Department Application Form – Specialized Transit

Mar 1, 2019

Completed Application form must be signed by a qualified health care profession to certify that the applicant meets the eligibility criteria.

Completed applications may be brought in person, mailed, faxed or emailed to:

Niagara Chair-A-Van
5734 Glenholme Avenue
Niagara Falls, ON L2G 4Y3

Phone: 905-357-0122
Fax: 905-357-7199
e-mail: CAV@on.sja.ca

Eligibility Criteria: The applicant is unable to use **conventional accessible transit* service** (please see definition below) due to a permanent or temporary disability. (Compassionate or emergency eligibility may also qualify)

PERSONAL INFORMATION:

(last name) (first name) Date of Birth: ____/____/____
(mo) (day) (year)

(street address) (street name) (postal code) (name of residence: if applicable)

(day time phone) (evening phone) (cell phone) (e-mail)

Preferred contact for service delay in excess of 30 Minutes: Day Phone Evening Phone Cell e-mail

In Case of Emergency Please Notify:

(last name) (first name) (relationship to applicant)

Contact Number(s): _____ or _____
(e-mail)

I am applying for: (please check one)

- Unconditional eligibility: Someone whose disability prevents them from using conventional transit services
- Temporary eligibility: Someone whose temporary disability prevents them from using conventional transit services (or compassionate – i.e. someone who normally relies on another for transportation who is temporarily unable to assist due to an emergency)
- Conditional eligibility: Someone whose disability is due to environmental (seasonal) or physical barriers, that limits their ability to consistently use conventional transit services

By signing below, I hereby authorize the City of Niagara Falls, The Regional Municipality of Niagara and their service providers (collectively: "Niagara Falls Representatives") to use the information contained in their application provided by health care practitioners as well as any other information that may come to our attention and is relevant to this application, to determine my eligibility for the services contemplated hereunder (the "Purpose"). I further authorize the Health Care Professional who signs Part B of this application to release information on the applicant to the Niagara Falls Representatives for the Purpose. By signing below, I am aware that my continued eligibility may be re-assessed from time to time by the Niagara Falls Representatives

signature of applicant, guardian or Power of Attorney (proof may be required)

Date:

**Personal information on this form is collected under the Authority of the Municipal Act, R.S.O., 2001, c.25 as amended and is used solely to determine eligibility for transit services offered by the City of Niagara Falls, the Regional Municipality of Niagara or Freedom of Information Act for Commission*



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Part A: Section 1.

1. How does your disability affect your ability to use conventional transit services? Please provide any information you feel would assist us in determining eligibility:

2. How do you currently travel?

Section 2

1. Do you require any of the following to ride conventional accessible transit services? (Please check all that apply)

- Manual Wheelchair
- Powered Wheelchair
- Powered Scooter
- Walker
- Prosthesis
- Hearing Aid
- Communication Board
- Oxygen Bottle
- Service Animal
- Crutches
- Cane
- White Cane
- Other _____

2. Please Circle the response below:

- a. Are you able to board a low floor, ramp equipped bus on your own? Yes No Sometimes
- b. Are you physically able to get in a car without assistance? Yes No Sometimes
- c. Are you physically able to travel to a regular bus stop? Yes No Sometimes
- d. Are you generally able to wait outside at a regular bus stop? Yes No Sometimes

3. If you circled no to #2.(d) Please place a check mark on the following:

I can wait outside at a bus stop only IF:

- a. There is a bench
- b. There is a shelter
- b. The wait is no longer than _____ minutes.

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Travelling by **conventional accessible transit*** service requires that you are able to access the bus stops along the route. Please place a check mark on the following that apply.

I can get to and from a bus stop only IF:

- I have an attendant with me
- I am familiar with the area
- There is a sidewalk
- The path of travel is free of ice, snow or debris
- I do not have to cross a busy street
- I am familiar with the bus route
- I need to travel less than _____ feet to or from a bus stop from my residence.
- I receive travel training*
- The ground is level or only slightly inclined
- There are curb cuts along the route to the bus stop
- Other _____

I can independently recognize my destination and leave the bus yes no

I can recognize my destination and leave the bus only IF:

- the driver announces my stop
- other _____

I understand that my application may be denied, however, I further understand that if the application is denied I do have the right to appeal and will be advised of the method to do so should my application be denied.

OFFICE USE ONLY	Residence is at or near bus route # _____ bus stop no. _____
APPLICATION APPROVED:	date: _____ signed: _____ print _____
APPLICANT INFORMED BY LETTER/RULES SENT:	date: _____ print _____
APPLICANT DENIED/APPEAL FORMS SENT:	date: _____ SIGNED: _____
APPEAL OUTCOME:	<input type="checkbox"/> approved <input type="checkbox"/> denied date applicant notified by mail: _____
PRINT NAME:	_____ SIGNED _____

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To be completed by a health care professional

(applicants last name) (applicants first name) Date: ____/____/____
(mo) (day) (year)

1. Does the applicant require any of the following devices (Please check all that apply)

- | | | | |
|--|---|--|-----------------------------------|
| <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Powered Wheelchair | <input type="checkbox"/> Powered Scooter | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Prosthesis | <input type="checkbox"/> Hearing Aid | <input type="checkbox"/> Communication Board | <input type="checkbox"/> Cane |
| <input type="checkbox"/> Oxygen Bottle | <input type="checkbox"/> Service Animal | <input type="checkbox"/> White Cane | <input type="checkbox"/> Crutches |
| <input type="checkbox"/> Other _____ | | | |

2. Please state any environmental conditions that may impact the ability of the applicant from utilizing **conventional accessible transit***
(i.e. cold, heat, wet or icy surfaces, inclines, uneven surfaces, seating)

3. Does the applicant require a support person to ride on board a bus? (i.e., they are not able to self-direct their own care while on board the vehicle) yes no

4. If this is a temporary condition, please advise of an approximate date that the applicant could use conventional accessible transit.

Date: ____/____/____
(mo) (day) (year)

To the Health Care Professional completing this form, please note if you are a Member of:

- | | |
|--|---|
| <input type="checkbox"/> The College of Physiotherapists of Ontario. | <input type="checkbox"/> The College of Chiropractors of Ontario. |
| <input type="checkbox"/> The College of Physicians and Surgeons of Ontario | <input type="checkbox"/> The College of Optometrists of Ontario. |
| <input type="checkbox"/> The College of Occupational Therapists of Ontario | <input type="checkbox"/> The College of Nurses of Ontario |
| <input type="checkbox"/> The College of Audiologists and Speech-Language Pathologists of Ontario. | <input type="checkbox"/> The College of Psychologists of Ontario |
| <input type="checkbox"/> The College of Registered Psychotherapists and Registered Mental Health Therapists of Ontario | |

(please print name)

(signature)

When completed, Niagara Chair-A-Van
fax or email to: 5734 Glenholme Ave
Niagara Falls, ON L2G 4Y3

Phone: 905-357-0122
Fax: 905-357-7199
e-mail: ncav@cogeco.net

***Conventional Accessible Transit** means City of Niagara Falls public transit which is **fully accessible for wheelchairs and lowered bus ramps for easy access (low steps)**

Specialized Transit means a curb to curb, booked service for those individuals unable to use fully accessible conventional transit.

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