

CITY OF BROOKS ACCESS TRANSIT SERVICE APPLICATION FORM

APPLICANT INFORMATION

Name (full):		Gender:
Date of birth:		Phone:
Current address:		
City:	Province:	Postal Code:

EMERGENCY CONTACT

Name:		
Address:		Phone:
City:	Province:	Alt Phone:
Relationship to Applicant:		Postal Code:

ALTERNATE EMERGENCY CONTACT

Name:		
Address:		Phone:
City:	Province:	Alt Phone:
Relationship to Applicant:		Postal Code:

MEDICAL INFORMATION

Doctor's Name:	Phone:
Address:	Fax:

Please have a medical practitioner complete the Access Transit Medical Application Form and attach it to this application.

CLIENT QUESTIONNAIRE

How often will you be utilizing Access Transit?

Recurring Booking: Yes: _____ No: _____ Occasionally: Yes: _____ No: _____ Rarely: Yes: _____ No: _____

What mobility aides do you use when travelling in the community? Please check all that apply. Your answers will ensure the appropriate transit vehicle will be provided.

<input type="checkbox"/> None <input type="checkbox"/> Walker- non-collapsible <input type="checkbox"/> Manual Wheelchair <input type="checkbox"/> Scooter <input type="checkbox"/> Oxygen	<input type="checkbox"/> Cane <input type="checkbox"/> Walker-Collapsible <input type="checkbox"/> Electric Wheelchair <input type="checkbox"/> Service Animal <input type="checkbox"/> Other: _____
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Please Note: If a wheelchair or scooter is used, the maximum base dimensions are 30" x 50" (76x127cm). Equipment larger than this cannot be accommodated. A combined weight of the equipment and the passenger cannot exceed 750lbs (340kg).

Does the outside dimensions of the wheelchair/scooter exceed these measurements? Yes: _____ No: _____
 Does the combined weight of the passenger and mobility device exceed this weight? Yes: _____ No: _____
 If yes to either, please explain: _____

Can you recognize landmarks? Yes: _____ No: _____. If NO, please explain: _____

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CLIENT QUESTIONNAIRE CONTINUED

Will you require a mandatory attendant when using Access Transit? Yes: _____ No: _____

Will your home address be your primary pick up point? Yes: _____ No: _____ If NO please provide your alternate address below, so we may add it to our files.

Address:

Phone:

City:

Province:

Postal Code:

AUTHORITY

I HEREBY CERTIFY THAT I HAVE REVIEWED THE INFORMATION PROVIDED AND CERTIFY IT TO BE TRUE. I GIVE PERMISSION FOR THE CITY OF BROOKS ACCESS TRANSIT SERVICE TO CONTACT MY AUTHENTICATOR TO VERIFY THE NEED FOR MY REQUEST.

Signature of applicant:

Date:

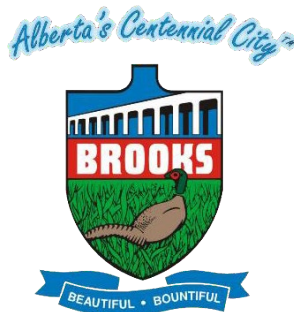
If someone else has completed this form on behalf of the applicant, please provide the following:

Name:

Relationship to Applicant:

Signature

Date:



Access Transit Application Form - Medical

To Be Completed By The Health Care Professional

PLEASE PRINT CLEARLY

City of Brooks Access Transit Service is a door-to-door, shared-ride, driver-assisted transportation service for residents of Brooks, that are Seniors 65 and over, individuals with a physical or cognitive disability and for individuals with temporary disabilities on a temporary basis.

In order to ensure that Access Transit resources are properly and effectively dedicated to the individuals it is intended to serve, it is necessary that applicants are carefully assessed to ensure that they are not able to utilize regular fixed-route transit.

For assistance or questions regarding eligibility, please call the City of Brooks Access Transit Service at (403)362-3333.

Any charges for completing this form or for obtaining additional information are the responsibility of the applicant. Completion of this assessment does not guarantee eligibility.

Please be certain to base your evaluation solely upon the applicant's ability to use regular fully-accessible fixed-route transit.

Applicant's Name _____

Last

First

Middle

1. I have read Part A in its entirety. Yes No
2. I agree with the information provided in Part A. Yes No If you answered **NO** to either question(s), please explain:
3. What is the health condition(s) or disability that prevents the applicant from using the regular transit system?
4. Severity of disability/limitations: Mild Moderate Severe Profound
5. Expected duration of disability: Temporary - Expected duration until ____ / ____ / ____
YYYY MM DD
Permanent - No expectation of improvement
Seasonal - Use of regular transit impacted by winter ice and snow conditions (Approx. Oct. - Apr.)

Access Transit Application Form – Medical

6. Does the applicant require an attendant when riding Access Transit? Yes No

Access Transit drivers must concentrate on the safe operation of vehicles and cannot supervise those who require constant and frequent attention for medical or behavioral reasons. Registrants requiring attention of this nature, or who display behavior unacceptable to other passengers, will be required to ride with an attendant at all times. If the applicant requires a mandatory attendant, Access Transit will only provide service when an attendant travels with the applicant at all times.

7. Can the applicant be left alone at his/her destination? Yes No

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

9. Are there any additional health concerns (i.e. behavioural, aggression, seizure) that the City of Brooks Access Transit Service should be made aware of?

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

Signature _____

Date ____/____/____
YYYY MM DD

Address _____

Unit and Bldg. No. Street

City Prov. Postal Code

Phone (____) _____ License/Certification No: _____

- Professional designation: Licensed Physical Therapist Nurse
 Certified Rehabilitation Specialist Licensed Optometrist
 Registered Occupational Therapist Certified Psychologist
 Other: _____

With permission from the applicant, the Health Care Professional who verifies this form can also forward this completed application to: City of Brooks Access Transit Registration, 201-1st Avenue West | Brooks AB T1R 1B7; or fax to (403) 362-4787.

This information is being collected for the purpose of establishing and operating the City's Access Transit Service program pursuant to Section 33(C) of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection you may contact the City of Brooks FOIP Coordinator at 403-362-3333.