



**Application for Service Eligibility - Red Deer Transit Action Bus – Section 1**

Red Deer Transit is committed to providing safe and comfortable transportation options for members of our community who are unable to use the regular fixed route system.

With the right information from applicants Red Deer Transit Action Bus can provide transportation that is convenient, safe, comfortable, and friendly. This registration form has been designed to assess your limitations from the time you book your trip until you are safely delivered to your destination. Eligibility is not based on language barriers, age, income or unfamiliarity with the regular fixed route transit service.

The personal information provided on this application is collected under the authority of *The Municipal Government Act* and section 33(c) of *The Freedom of Information and Protection of Privacy Act*. It will be used for the purpose of determining your eligibility for effective and efficient delivery of specialized transit services. With your signed consent under section 34 of *The Health Information Act* limited information may also be shared between the staff at the Dialysis unit at Red Deer Regional Hospital and The City of Red Deer Action Bus transit staff for the provision of this specialized transportation service. Your information will not be shared or used for any other purpose without your consent. Once your application is completed it will be reviewed, and you will be notified within 5 to 10 days. If you have any questions about the collection or use of your personal information please contact the Transit Manager at 200, 7721-40 Ave, Red Deer, or call (403) 309-8400.

You or a caregiver may fill out this form but if for any reason you need assistance please call Red Deer Transit Action Bus at 403-309-8400. Fax: 403-314-5843. Box 5008, Red Deer, AB, T4N 3T4. **Please retain a copy for your personal files.**



**PERSONAL INFORMATION - Please complete**

Male <input type="checkbox"/>			Female <input type="checkbox"/>			Mr <input type="checkbox"/>			Mrs <input type="checkbox"/>			Ms <input type="checkbox"/>			Miss <input type="checkbox"/>		
First Name:									Initial:								
Last Name:																	
Date of Birth:																	
Address:									Postal Code:								
Phone #				Work #				Cell #									
Mailing Address if different from above:																	
<b>Emergency Contact</b> – Provide name of someone who lives in Red Deer that we can contact in case of an emergency. Please name a person <b>who does not normally travel with you.</b>																	
Name of Contact Person:																	

Contact person's relationship to you:		
Home phone #:	Work #:	Other #:



## UNDERSTANDING YOUR HOME ENVIRONMENT

Does your building have a name (ex. Legacy, Bell Apartments)? Yes _____ No _____ Name of the Building: _____
Where is the location of the door you will be picked up at? (please check) Front _____ Back _____ Side _____ Other _____ Explain Other: _____
Is there a buzzer code? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Buzzer Code Number: _____
Do you have a stairway <u>inside</u> your entry? Yes _____ No _____ If yes, how many steps? _____
Do you have stairs on the outside of your home? Yes _____ No _____ If yes, how many steps? _____
Are you aware of the One Step Policy for the Action Bus Yes _____ No _____
Can you manage stairs without assistance? Yes _____ No _____
Do you presently require a caregiver? Yes ____ No ____ Full Time ____ Part Time ____
Is your place of residence equipped with an accessibility ramp? Yes _____ No _____



## PICKING THE RIGHT BUS FOR YOU

<b>Which primary mobility aid(s) do you use when traveling in the community:</b>			
<b>Check all that apply:</b>			
Long White Cane <input type="checkbox"/>	Service Animal <input type="checkbox"/>	Personal attendant <input type="checkbox"/>	
Walking Cane <input type="checkbox"/>	Walker <input type="checkbox"/>	Communication Devices <input type="checkbox"/>	
Leg Braces <input type="checkbox"/>	Collapsible walker* <input type="checkbox"/>	Interpreter/intervener <input type="checkbox"/>	
Prosthesis <input type="checkbox"/>	Manual wheelchair* <input type="checkbox"/>	Hearing Aid <input type="checkbox"/>	
Crutches <input type="checkbox"/>	Powered wheelchair* <input type="checkbox"/>	None <input type="checkbox"/>	
Oxygen Tank <input type="checkbox"/>	Scooter* <input type="checkbox"/>	Other _____ <input type="checkbox"/>	
*Please provide outside dimensions: Width _____ Length _____ Height _____			

**NOTE: Transit Action Bus cannot accommodate mobility aids larger than 34.5" (88cm) wide by 48" (122 cm) inches long. Some mobility aids may also be restricted due to their height. The combined weight of the passenger and mobility aid cannot exceed 750 pounds.**

**NOTE:** All mobility aids must be kept in good repair at all times or they cannot be accommodated on the Transit Action Bus. If the Transit Action Bus operator cannot properly secure your mobility aid, the City of Red Deer may not be able to provide you with Transit Action Bus service.

**How are you presently travelling in the community? Please check all that apply:**

Public Transit Bus	<input type="checkbox"/>	Friends drive me	<input type="checkbox"/>	Taxi	<input type="checkbox"/>
Community Bus	<input type="checkbox"/>	Family drive me	<input type="checkbox"/>	Other	<input type="checkbox"/>
Personal vehicle	<input type="checkbox"/>	Volunteers drive me	<input type="checkbox"/>		
Red Deer Action Bus	<input type="checkbox"/>	Staff drive me	<input type="checkbox"/>		

**If approved for the Transit Action Bus, when do you require service?**

Summer only  Winter only  All year around

If your service requirements are temporary, how long do you anticipate requiring the use of the Transit Action Bus?

3 months  6 months  1 year  Other

Please explain other: \_\_\_\_\_  
 \_\_\_\_\_

Please provide any additional information that may be relevant to this application.

\_\_\_\_\_  
 \_\_\_\_\_



## UNDERSTANDING YOUR DESTINATIONS

**Name three to four of your most frequent destinations you would travel to.  
 Visiting/Shopping/ Medical Trips**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please indicate who completed this form. If you completed this form yourself, sign here:**

I hereby declare that the information provided above is true and correct and represents my condition.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If someone else completed the form, please indicate below.**

(i.e. Legal Guardian, Health/Social Service Practitioner, Trustee, Agent or Attorney completing the form for applicant)

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_



## Application for Service Eligibility - Red Deer Transit Action Bus - Section 2



### MEDICAL INFORMATION CONSENT FORM

I agree that my doctor, nurse, or other health worker may provide information to Red Deer Transit Action Bus about my health problem or disability.

I agree that Red Deer Transit Action Bus may provide personal information to my doctor, nurse, or health worker about my health problem or disability.

I agree to contact Red Deer Transit Action Bus if I no longer require door-to-door service.

I can:

- ask to view or receive a copy of my personal information
- withdraw consent for the release of my information to others at any time, and
- request correction to any of my information that I believe is incorrect.

Name of applicant (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name if Parent, Legal Guardian, Trustee, Agent or Attorney, if needed:

(please print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The personal information collected as a result of this signed consent is done so under the authority of *The Municipal Government Act* and section 33(c) of *The Freedom of Information and Protection of Privacy Act*. It will be used for the purpose of determining your eligibility for and effective, efficient delivery of specialized transit services. Under section 34 of *The Health Information Act* limited information may be shared between the staff at the Dialysis unit at Red Deer Regional Hospital and The City of Red Deer Action Bus transit staff for the provision of this specialized transportation service. Your information will not be shared or used for any other purpose without your consent. If you have any questions about the collection or use of your personal information please contact the Transit Manager at 200, 7721-40 Ave, Red Deer, or call (403) 309-8400.

**Name of applicant:** \_\_\_\_\_



## PROFESSIONAL VERIFICATION

Red Deer Transit Action Bus coordinates accessible and specialized transportation services for The City of Red Deer. We need to determine eligibility for these services using the applicant's personal information form, professional verification, and an in-person interview (if necessary). You have been selected to complete this form because you have the knowledge, training, and ability to assess an applicant's functional and/or cognitive abilities to use regular transit: Professional designation (Please check one)

<input type="checkbox"/>	Doctor (Physician or Surgeon)	<input type="checkbox"/>	Osteopath or Podiatrist
<input type="checkbox"/>	Occupational Therapist	<input type="checkbox"/>	Registered Social Worker
<input type="checkbox"/>	Physical Therapist	<input type="checkbox"/>	Psychiatrist or Psychologist
<input type="checkbox"/>	Chiropractor	<input type="checkbox"/>	Registered Nurse
<input type="checkbox"/>	Optometrist/Ophthalmologist	<input type="checkbox"/>	Registered Psychiatric Nurse

Based on the applicant's ability to use regular transit, applicants may be found eligible for all trips, conditionally eligible for some trips, or ineligible. The information you provide below will help us make an appropriate determination for accessible and specialized transportation services. The City of Red Deer Action Bus may contact you to clarify the information provided.

1. What is the health or disability condition(s), which prevents the applicant from using regular transit?

\_\_\_\_\_

\_\_\_\_\_

2. Please check type of disability:

Functional  Cognitive  Sensory  Seizure disorder  Other

(Please provide details): \_\_\_\_\_

\_\_\_\_\_

3. How long do you expect the applicant to use the Transit Action Bus (door to door service)?

Permanently  Temporarily  (for how long?) \_\_\_\_\_

4. Does the applicant's disability, health condition or equipment restrict his/her ability to wear a seatbelt during transportation? If yes, this form must be completed by a Physician or Surgeon  
This person should be seatbelt exempt Yes \_\_\_\_\_ No \_\_\_\_\_

5. Is the Applicant able to:

Travel when there is snow or ice on the ground Yes \_\_\_\_\_ No \_\_\_\_\_

Understand directions needed to complete a trip Yes \_\_\_\_\_ No \_\_\_\_\_

Travel independently to get to the nearest transit bus stop Yes \_\_\_\_\_ No \_\_\_\_\_

Step on and off a curb to get to a bus stop Yes \_\_\_\_\_ No \_\_\_\_\_

Wait at a bus stop or station, while standing Yes \_\_\_\_\_ No \_\_\_\_\_

Climb up/down three (3) stairs independently Yes \_\_\_\_\_ No \_\_\_\_\_

Board a low-floor bus (a bus without steps) independently, if there are handrails and a ramp at curb level Yes \_\_\_\_\_ No \_\_\_\_\_

If using a wheelchair or mobility aid, could the applicant board a low floor bus independently Yes \_\_\_\_\_ No \_\_\_\_\_

6. Did you perform a functional assessment or examination in order to determine this applicant's functional ability to take regular transit? Yes \_\_\_\_\_ No \_\_\_\_\_

7. Please note any additional information you have about the applicant's ability to use regular transit. \_\_\_\_\_  
\_\_\_\_\_

8. Please confirm how long you have known the applicant. \_\_\_\_\_

I certify that I am currently a licensed health care practitioner under the Alberta Health Professions Act and that the above information is accurate and complete to the best of my knowledge.

Name (please print): \_\_\_\_\_ Title: \_\_\_\_\_

Address (please print): \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office use only:**

Date Application Received: \_\_\_\_\_

Date Applicant was contacted: \_\_\_\_\_

Approved: \_\_\_\_\_ Refused: \_\_\_\_\_

Reason why application was refused at this time: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Employee who reviewed application: \_\_\_\_\_