

## **APPLICATION FOR HANDI-TRANSIT SERVICE - 2013**

If you have a disability that prevents you from using Cornwall Transit's regular, low-floor, fixed-route service, some or all of the time, you may be eligible to use Handi-Transit's accessible service. An individual who is unable to use the regular transit system, due to a physical, cognitive or functional disability, may be eligible for Handi-Transit service. Handi-Transit is a shared ride; accessible door to accessible door service that operates within the City of Cornwall limits. Drivers assist passengers from the exterior door of the pickup location to the exterior door of the destination location.

All private and personal health information obtained in this certification process is under the authority of The Freedom of Information and Protection Act (FIPPA) and /or The Personal Health Information Act (PHIA) and is protected by the privacy provisions of said Act. All information in this form is confidential and solely for the use of Cornwall Transit in determining eligibility and service appropriate to their needs.

If you have any questions or need assistance to complete this application form, please call Cornwall Transit at 613-930-2636.

### **Eligibility Criteria**

The eligibility criteria is on five guiding principles:

1. Handi-Transit service is not for those who find it more difficult or who are reluctant or unwilling to use an accessible public transportation system or;
2. Handi-Transit is not an attendant care service and not an emergency transportation service or;
3. Eligibility is not based on a particular disability and persons are approved on a case by case basis or;
4. Eligibility is not based on age or income and not meant to replace a person's private automobile or;
5. Eligibility is not based on the unavailability of accessible conventional transit in the area in which the person resides.

Eligibility will be based on the information provided in this application form and service will be provided to those who have the greatest functional need for Handi-Transit's accessible door to accessible door service.

**WHEN PART A & B HAS BEEN COMPLETED**, mail parts A and B to: Cornwall Handi-Transit Eligibility, 863 Second Street West, Cornwall, Ontario K6J-1H5, Tel: 613-930-2636 or Fax: 613-932-9906.

**As you complete this application form, please keep in mind that:**

You may be able to use Cornwall Transit's regular transit service for at least some of your trips. Many of Cornwall Transit's fixed-routes use wheelchair accessible buses and have equipment (including ramps and other devices) to assist individuals with disabilities. Cornwall Transit also operates a fully accessible Community Bus Route. If you use conventional transit on a regular or occasional basis this **will not** affect your status with Handi-Transit. Cornwall Transit's regular bus operators have all received special training on how to assist persons with disabilities.

Completion of this application does not guarantee that an applicant is eligible to use the Handi-Transit service. Please note that while Cornwall Transit attempts to provide service to as many registered clients as possible, not all trips may be accommodated due to budget constraints and an increasing demand for service.

**HOW TO APPLY FOR HANDI-TRANSIT SERVICE:**

Before you can use the Handi-Transit service, you must:

1. Fill out Part A of this application.
2. Have your health care professional review part A and complete Part B.
3. Return the completed application (Parts A and B) to Cornwall Transit.

**Failure to completely fill out parts A and B of the form will delay the application process.**

**YOU WILL BE NOTIFIED REGARDING YOUR ELIGIBILITY**

Cornwall Transit will review your application within 14 days of receipt. If your application is incomplete, the application process will be delayed. A registration card and number will be provided upon approval to use the service.

Your level of eligibility will be determined by Handi-Transit based on the information in your application. If we require additional information about how your disability affects your use of Cornwall Transit's regular fixed-route, low floor services, we may have to speak to your health care professional. You may be required to renew your application as needed to ensure updated eligibility information.

**NOTE:**

**By accepting a Handi-Transit registration number, the registrant is agreeing to all the terms and policies of the use of the service. Handi-Transit has the right to review the application from time to time and can revoke the registration if they determine that the registrant is no longer eligible for Handi-Transit service.**



**4) Please check which primary mobility aid(s) you will be using when you ride on the Handi-Transit?**

- |   |  |
|---|--|
| <input type="checkbox"/> Manual wheelchair  | <input type="checkbox"/> Service animal (attach copy of certification) |
| <input type="checkbox"/> Powered wheelchair | <input type="checkbox"/> Cane  |
| <input type="checkbox"/> *Powered scooter   | <input type="checkbox"/> White cane                                    |
| <input type="checkbox"/> Walker             | <input type="checkbox"/> Oxygen bottle                                 |
| <input type="checkbox"/> Crutches           | <input type="checkbox"/> Other _____                                   |

\* must be able to transfer independently to a bus seat for safe transportation

Please provide outside dimensions of your wheelchair. Our wheelchair lifts measure 30' wide x 50' long. (76cm x 127cm). Equipment longer or wider than this cannot be accommodated. Combined weight of passenger and mobility aid must not exceed 750lbs (350 kg).

<b>Width of chair</b>		<b>Length of chair</b>	
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**5) All mobility aids must be kept in good working condition in order to be transported.**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| i) Does your wheelchair/scooter have a lap belt?           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ii) Does your wheelchair have footrests?                   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| iii) Is your wheelchair/scooter in good working condition? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Note: All locations served by Handi-Transit must be accessible. Handi-Transit defines accessibility as "being no more than one vertical step". If you use an electric wheelchair or scooter, you should have a ramp or lift.**

**Support Person ID card**

The Support Person ID card is a card that identifies a person who, because of their disability, requires regular or occasional assistance while travelling on the buses. Persons with a disability who wish to have a support person travel with them at no charge will have to obtain a Support Person ID card and present it to the bus driver for each trip that a support person accompanies them. Cardholders will be asked to update their information and renew their card every 3 years. There is an \$8.00 charge for a replacement of a lost card.

**I hereby certify that I am disabled in such a way that my mobility or vision is seriously restricted. I hereby authorize my health care professional to release any information with regard to my mobility which may be required to establish my eligibility for Handi-Transit.**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

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

Your name \_\_\_\_\_ Relationship to applicant \_\_\_\_\_

Address \_\_\_\_\_ Daytime Phone Number (\_\_\_\_) \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

I certify that to the best of my knowledge the information given is correct.

## PART B:

### TO BE COMPLETED BY A HEALTH CARE PROFESSIONAL

You are being asked by the Handi-Transit applicant named in Part A to provide information regarding his/her ability to use Cornwall Transit's fixed-route transit services.

**Please note that Handi-Transit is not a service for persons who have at times experienced difficulty in using Regular Transit's fixed-route service.**

- It is also not meant to replace a person's private automobile
- Or Cornwall Transit's fixed-route service when the fixed-route service is limited, not operating or not convenient.
- Eligibility is not based on age, income or the availability of others to travel with the applicant on **regular low floor fixed-route transit buses**.

Persons with a disability would generally be considered eligible for Handi-Transit service if by attempting to use Cornwall Transit's regular low floor fixed-route transit service, their health would be **severely endangered** or the attempt would **likely lead to bodily harm**.

The information you provide will allow us to evaluate the request and to provide the appropriate service. Thank you for your cooperation in this matter. **Be aware incomplete or unclear information may be returned for clarification.**

Charges for completing this form (or for obtaining additional information) are the responsibility of the applicant.

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1. I have read Part A in its entirety. Yes [ ] No [ ]
  2. Does the applicant require a door to door driver assisted transportation service due to the nature of their disability? Yes [ ] No [ ]
  3. Does the applicant's disability or health condition **PREVENT** (not make difficult) the use of regular low floor, fixed-route buses? Yes [ ] No [ ]  
Sometimes [ ] explain \_\_\_\_\_
  4. What is the applicant's primary diagnosis in relation to their ability to use regular, low floor transit system?
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5. **Did you complete an assessment to determine the applicant's functional ability to take conventional transit?** Yes [  ] No [  ]

6. **How long have you know the applicant?** \_\_\_\_\_  
 (Must be a health care professional that has treated and/or directly support the applicant and knows how the applicant health condition affects their ability to travel independently in the community and on regular low floor Cornwall Transit system.)

7. **Does the applicant require the assistance of a support person (personal care attendant) every time in order to travel on the Handi-Transit?** Yes [  ] No [  ]

8. **If the applicant qualifies for Handi-Transit service, it is your professional opinion that they will require the service for:**

<input type="checkbox"/>	3 months	<input type="checkbox"/>	6 months
<input type="checkbox"/>	1 year	<input type="checkbox"/>	3 years
<input type="checkbox"/>	Seasonal (Nov. 1 to Apr. 30)	<input type="checkbox"/>	Nursing Home

\_\_\_\_\_  
 Signature of Health Care Professional Date

\_\_\_\_\_  
 Print Name Telephone Number ( ) \_\_\_\_\_

\_\_\_\_\_  
 Street Address City Province Postal Code

- Profession** (check one)
- [  ] Licensed physician [  ] Registered physical / occupational therapist
- [  ] Certified psychologist [  ] Nurse Practitioner
- [  ] Certified rehabilitation specialist [  ] RN only if in nursing or long term care home

**THANK YOU FOR YOUR ASSISTANCE**

Please return this application (Part A & B) to the person seeking H.T. or mail both parts to: Handi-Transit Eligibility, 863 Second St. W., Cornwall, Ontario, K6J 1H5, Tel: 613-930-2636, or Fax: 613-932-9906. [www.cornwalltransit.ca](http://www.cornwalltransit.ca)