

## SHOULD I APPLY?

**Eligibility is only based on ability to use a Calgary Transit bus or CTrain.**

**Eligibility is not based on age, income, language barriers, fear, inability to drive, unfamiliarity of how to use Calgary Transit or the length of trip when using Calgary Transit.**

**Calgary Transit Access is a shared ride, door to door public service for Calgarians who are prevented from using Calgary Transit due to a disability.**

**Transfers to other accessible vehicles or CTrain may occur.**

***Please note that submission of an application does not guarantee eligibility for services.***

***Updated information and/or an interview will be required periodically to renew eligibility for services.***

- Calgary Transit continues to improve accessibility. Because of this, eligibility in the past does not guarantee eligibility in the future.
- Please ensure the form is complete and legible.
- Please provide a copy of the Applicant's photo identification with proof of address and attach it to this form.
- Part G must **only** be completed and signed by one of the licensed health care professionals that has directly supported the Applicant, as listed on Part G.
- Part G cannot be filled out by a friend, acquaintance or relative.
- Any fees for the completion of this form and/or any additional information are the responsibility of the Applicant.
- Upon receipt of completed form, the applicant will be contacted within 10 business days to arrange an in-person interview at one of the Calgary Transit Access interview locations.
- The fully completed **original** application along with proof of ID and address can be:
  - Emailed to: [calgarytransitaccesseligibility@calgary.ca](mailto:calgarytransitaccesseligibility@calgary.ca)
  - Faxed to: 403-537-7812
  - Mailed to:

**Calgary Transit Access  
Box 2100, Station M #WB170  
Calgary, AB T2P 2M5**

\*Please complete all parts in **black or blue ink** only and keep a copy for yourself.

# Calgary Transit Access Application

TS 5265 (R2018-04)

## Part A - Personal Information

 Are you a Calgary Transit Access Customer?  No  Yes If Yes, Registration # \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

 Date of Birth (YYYY/MM/DD) \_\_\_\_\_ Gender  Male  Female

Phone [H] (\_\_\_\_) \_\_\_\_\_ [W] (\_\_\_\_) \_\_\_\_\_ [C] (\_\_\_\_) \_\_\_\_\_

Street Address \_\_\_\_\_ Apt # \_\_\_\_\_

Calgary, AB

Postal Code \_\_\_\_\_ Email \_\_\_\_\_

**Note: proof of address and Photo ID is required**

If your residence has a name (i.e. Aspen Lodge) what is it? \_\_\_\_\_

 Pick up door:  Front  Back  Side  Alley  Garage  Other \_\_\_\_\_

### Mailing Address: (if different from above only)

Name of person at this address \_\_\_\_\_

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

Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

### Emergency Contact: Must be someone who lives in the Calgary area.

Name \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Phone [H] (\_\_\_\_) \_\_\_\_\_ [W] (\_\_\_\_) \_\_\_\_\_ [C] (\_\_\_\_) \_\_\_\_\_

## Part B - Mobility Aids and Assistance

 None  Portable oxygen  Registered Assistance Animal  Cane

 White cane  Crutches  Prosthesis

 Walker →  2 wheel  4 wheel  Leg brace (describe) \_\_\_\_\_

 Booster/car seat

 Wheelchair →  manual  power **wheelchair** dimensions \_\_\_\_\_ length \_\_\_\_\_ width

 Scooter →  3 wheel  4 wheel **scooter** dimensions \_\_\_\_\_ length \_\_\_\_\_ width

**Can the applicant independently get in / out of a wheelchair/scooter?**  Yes  No

**On arrival at your destinations, do you (the Applicant) need to be handed over to (met by) a staff or family member?**

- I never need to be met by someone       I always need to be met by someone\*

**\*If you 'always' need to be met by someone**, you are responsible to have that person meet you when you arrive\*

- Can you be at home alone?       Yes       No\*

\*If 'No', you must provide a nearby address (other than your home address) where you can be dropped off if there is no one at home to meet you.

**(a) Caretaker / Hand Over Responsibilities:**

The driver must escort the customer from the vehicle to the first exterior door of the customer's destination and transfer responsibility for the customer to the caregiver (unable to wait on own after the driver leaves/drops off).

**(b) Caretaker / Hand Over Responsibilities. Except When Dropping-Off at Home:**

At the customer's place of residence, the driver must escort the customer from the vehicle to the first exterior door. At any other location, the driver must escort the customer from the vehicle to the first exterior door of his/her destination only, and transfer responsibility for the customer to the caregiver.

**(c) Possible Corrective Actions:**

In cases where a customer's caregiver was/is not available to accept responsibility for the customer at the start of the pick-up and/or drop-of window, the customer may be subject to suspension of service.

Street Address \_\_\_\_\_ Apt # \_\_\_\_\_

Name of the person at this address: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

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

**Part C - Health Questions**

1. Can the applicant independently (using a mobility aid if needed):

	<b>Yes</b>	<b>No</b>
Climb three steps, if there is a rail?	<input type="checkbox"/>	<input type="checkbox"/>
Cross a busy intersection?	<input type="checkbox"/>	<input type="checkbox"/>
Recognize landmarks?	<input type="checkbox"/>	<input type="checkbox"/>
Ask for help or directions?	<input type="checkbox"/>	<input type="checkbox"/>
Tell time?	<input type="checkbox"/>	<input type="checkbox"/>
Problem solve in unexpected circumstances?	<input type="checkbox"/>	<input type="checkbox"/>
Travel alone in the community (i.e. to a corner store)?	<input type="checkbox"/>	<input type="checkbox"/>
Use Calgary Transit when the route is familiar?	<input type="checkbox"/>	<input type="checkbox"/>
Use a cell phone?	<input type="checkbox"/>	<input type="checkbox"/>
Track daily appointments and activities?	<input type="checkbox"/>	<input type="checkbox"/>

2. Why are you applying for Calgary Transit Access shared ride service?

\_\_\_\_\_

3. What is your primary medical diagnosis? \_\_\_\_\_

4. How does your disability prevent you from using Calgary Transit?

\_\_\_\_\_

5. Is this a temporary disability or health condition? \_\_\_\_\_

6. Do you have an upcoming scheduled surgery date? If yes, please provide date and type of surgery. \_\_\_\_\_

7. If the weather is good, how many blocks can you wheel/walk before you need a rest?

- 1 Block    
  2 Blocks    
  3 Blocks    
  4 Blocks    
  5 Blocks

8. Can you learn to take regular Calgary Transit on your own?     Yes     No

If No, please explain why: \_\_\_\_\_

Have you been trained to use a Calgary Transit bus and/or CTrain?     Yes     No

If Yes, who provided the training? \_\_\_\_\_

**Part D - Transportation**

1. How do you travel around Calgary now? (check all that apply).

- Drive (self)    
  Friends/family/staff drive    
  Taxi  
 City Bus    
  CTrain    
  Calgary Transit Access – shared ride  
 Other (describe) \_\_\_\_\_

2. How often are you using a Calgary Transit bus or CTrain?

- Daily     Weekly     Monthly     Seasonally     Occasionally     Never

If “occasionally” or “never” tell us why. \_\_\_\_\_

3. Your most recent trip on Calgary Transit (bus and/or CTrain) \_\_\_\_\_ (month/year)

Was it a:      Low-floor bus      Bus with steps      CTrain

4. How far is the closest bus stop to your home? \_\_\_\_\_

What is the bus route number? \_\_\_\_\_

5. If you are no longer using a Calgary Transit bus or CTrain when and why did you stop using it?

\_\_\_\_\_

6. List three of your most frequent destinations and how you get there.

Address of Destination	Frequency of Travel	How do you get there now?
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. If driven directly to a CTrain station, could this applicant get on the CTrain and travel to another CTrain station to be picked up again?  
 Yes     No    If No please explain why not \_\_\_\_\_
8. Is there any additional information we need to know to provide transportation for the applicant?  
 Yes (see below)     No  
 Speech impairment     Non-verbal     Hearing loss     Vision loss
- May be aggressive (describe) \_\_\_\_\_
  - Seizure disorder (type, frequency, recovery time) \_\_\_\_\_
  - Behavioral/Risk to self or others (describe) \_\_\_\_\_

(\*\*Please note that compliance with the Calgary Transit Access Rules of Conduct as described in the Calgary Transit Access User Guide is mandatory. The User Guide can be found at [www.calgarytransit.com](http://www.calgarytransit.com) and follow the Calgary Transit Access links.\*\*)

### **Part E – Additional Information**

If someone helped in completing this application, please provide the following information:

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

Agency: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Calgary Transit Access requires you (the Applicant) to be interviewed to determine eligibility.

**\*\*Please ensure you bring photo identification and proof of address to the interview.**

To schedule an interview:

Who do we contact?  You OR  Someone else (If 'someone else' provide the following)

Name \_\_\_\_\_ Daytime Phone # (\_\_\_\_) \_\_\_\_\_

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

In order for Calgary Transit Access to evaluate your request for eligibility, it may be helpful for us to contact a health professional (in addition to the health professional who is completing part G) who is familiar with your condition. Please provide the name of a health care professional we can contact if we need more information.

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone number (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

How long have you known him/her? \_\_\_\_\_

**Part F - Consent Form**

**\*\*Please read then sign below to show you agree and give your consent. \*\***

**Calgary Transit Access Agreement and Authorization for Release of Information**

- I agree to comply with the Calgary Transit Access Rules of Conduct as described in the User Guide.
- I agree that Calgary Transit Access (Calgary Transit) may use personal information about me, including my photo, in order to provide safe transportation services.
- I agree that Calgary Transit Access may give my name, phone number and other relevant information to Calgary Transit Access's contracted service providers, supportive agencies and to external consultants for customer satisfaction surveys or polling.
- I will tell Calgary Transit Access if I no longer need to use Calgary Transit Access services.
- I agree that the information provided in the application is true and correct. I understand that falsification of information will result in the loss of Calgary Transit Access services.

I authorize the professional completing the attached Part G – Professional Verification, and the professional I have listed in Part E to release to Calgary Transit Access information about my disability or health condition and its effect on my ability to travel on regular Calgary Transit buses and CTrains.

**Applicant Name (Please Print)** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Applicant (Legal Guardian if applicable)** \_\_\_\_\_ **Date** YYYY/MM/DD

**Legal Guardian Consent** (if applicable)

**Note:** Legal Guardianship **does not** include Power of Attorney designations or informal representatives. Individuals age 18 or older are their own guardian unless legal guardianship is otherwise obtained through the legal system.

Legal Guardian Name \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Street Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_

Postal Code \_\_\_\_\_ Email \_\_\_\_\_

I understand the purpose of this application is to determine if the Applicant is eligible for Calgary Transit Access service. I understand that an interview will be required and the Applicant must be present.

I acknowledge that the Applicant must be present during the interview and state that:

- I will be present with the Applicant OR
- I waive my right to be present (Applicant attending alone) OR
- I designate \_\_\_\_\_ to be present, with the Applicant, on my behalf.

Legal Guardian Name (Please Print) \_\_\_\_\_

Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

YYYY/MM/DD



You have completed your portion of the Application.

The following - Part G – Professional Verification - must be completed **ONLY** by a licensed health care professional as listed below:

- Doctor (Physician/Surgeon/Psychiatrist)
- Registered Nurse/Nurse Practitioner
- Registered Social Worker
- Occupational/Physical/Recreation Therapist
- Certified Orientation and Mobility Instructor
- Psychologist

Once your licensed health care professional has completed Part G, please mail, email or fax this form together with all other sections and a copy of your photo identification and proof of address to Calgary Transit Access at:

- Email to: [calgarytransitaccesseligibility@calgary.ca](mailto:calgarytransitaccesseligibility@calgary.ca)
- Fax to: 403-537-7812
- Mail to:

**Calgary Transit Access  
Box 2100, Station M #WB170  
Calgary, AB T2P 2M5**

**Part G – Professional Verification**

Calgary Transit Access is a service for Calgarians with a disability that are prevented from using Calgary Transit (a bus or a CTrain). This is our sole eligibility mandate.

Eligibility is NOT based on age, income, language barriers, fear of crime, fear of using Calgary Transit, inability to drive, unfamiliarity of how to use Calgary Transit or the length of a trip when using Calgary Transit.

To reduce confusion about what our service can offer, please do not complete these forms unless this applicant cannot physically or cognitively use a bus or CTrain.

\*Completed forms are valid for 6 months\*

- **Completion of this application does not guarantee eligibility.**
- Forms that are incomplete, vague or unclear will be returned. Complete in blue or black ink only.
- Any fees for completing this form (or for obtaining any additional information) are the responsibility of the Applicant.
- Applicants must sign the preceding authorization allowing their health care professional to release to Calgary Transit, information necessary to determine eligibility for Calgary Transit Access.
- Part G must be completed and signed by a qualified health care practitioner (**only as listed below**). **This must be a health care professional that has treated and/or directly supported the Applicant** and knows how the Applicant’s health condition affects his/her ability to travel independently in the community and on regular Calgary Transit. This form cannot be filled out by a friend, acquaintance or relative of the Applicant.

**Please indicate what type of licensed health care professional you are:**

- |  |  |
|--|--|
| <input type="checkbox"/> Doctor (Physician, Surgeon or Psychiatrist) | <input type="checkbox"/> Occupational/Physical/Recreation Therapist    |
| <input type="checkbox"/> Psychologist                                | <input type="checkbox"/> Registered Social Worker                      |
| <input type="checkbox"/> Registered Nurse/Nurse Practitioner         | <input type="checkbox"/> Certified Orientation and Mobility Instructor |

**I certify that I am currently an accredited / licensed practitioner, from one of the above designations, and that the information on the following pages is accurate and complete.**

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

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

Phone # (\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
YYYY/MM/DD



**Part G – Professional Verification (continued)**

Name of Applicant \_\_\_\_\_

1. How long have you known the Applicant? \_\_\_\_\_
2. What is the Applicant's primary diagnosis? \_\_\_\_\_  
 \_\_\_\_\_ Date of onset \_\_\_\_\_
3. If this is a temporary disability or health condition, how long do you expect it to prevent the use of bus and/or CTrain? \_\_\_\_\_ / months
4. How does the above listed condition(s) **prevent** the Applicant from using Calgary Transit?  
 \_\_\_\_\_
5. Please outline the Applicant's treatment plan and the expected outcome.  
 \_\_\_\_\_
6. How far can the applicant walk or wheel (using a mobility aid if needed) in blocks before needing a rest?  
 \_\_\_\_\_
7. Can the Applicant, with his/her mobility aid (if required), complete the following tasks:
 

<input type="checkbox"/> Board a low-floor bus?	<input type="checkbox"/> Board a CTrain?
<input type="checkbox"/> Walk/wheel to the closest bus stop?	<input type="checkbox"/> Step on/off a curb?
<input type="checkbox"/> Ask the driver for assistance?	
8. Is there a history of falls or a balance/gait concern?  No  Yes **If Yes**, please note the frequency and cause: \_\_\_\_\_
9. If the applicant was driven directly to an CTrain station, could this applicant get on the CTrain and travel to another CTrain station (to be picked up again)?  
 Yes  No If No please explain why not \_\_\_\_\_
10. Describe if and how the Applicant's day-to-day function is affected in the following areas:
 

**Functional/Physical Health** \_\_\_\_\_

**Sensory** \_\_\_\_\_

**Cognitive** \_\_\_\_\_

**Mental Health** \_\_\_\_\_

**Behavioral** \_\_\_\_\_
11. **Calgary Transit Access does not provide attendants.** Does the Applicant require a mandatory attendant for behavioral or medical reasons, to ensure the safety of self or others, when they are in a Calgary Transit Access vehicle? (NOTE: Calgary Transit Access is a shared ride service for both **children and adults**).  
 No  Yes **If Yes**, please explain \_\_\_\_\_  
 (\*Please note that compliance with Calgary Transit Access Rules of Conduct as described in the Calgary Transit User Guide is mandatory\*)