

Access-A-Bus Service Application

Service Eligibility:

Permanent, Temporary, Seasonal, Conditional

RESERVED FOR ADMINISTRATION

File No:

Date:

Signature:

How to complete this application

Metro Transit must have all required information before it can rule on the eligibility of the applicant and grant the appropriate level of approval. Please note that incomplete forms will be returned to the applicant, thereby delaying the application process. If a false declaration is made, eligibility may be refused or withdrawn. The information provided on this form is confidential and for the exclusive use of Metro Transit.

NOTE: SUBMISSION OF AN APPLICATION DOES NOT GUARANTEE ELIGIBILITY

Eligibility Criteria for Access-A-Bus

Any individual who is unable to use the (Non Low Floor) conventional Metro Transit service, due to a physical, cognitive or functional disability, may be eligible to apply for Access-A-Bus service. The eligibility granted, is a reflection of the client's real needs, which take into account the client's ability or inability to use the conventional, (Non Low Floor), fixed route transit services. This is determined on the basis of information provided on the application form and, where necessary, through a personal interview. Please note that once every three years, on the date of your application approval, Metro Transit will require a renewal of your application in order to confirm your eligibility, and to keep your file active.

A person may qualify for the Access-A-Bus service for the following reasons:

- **Requires the use of wheelchair or scooter.** (Scooter passengers must transfer to a bus seat)
- **Unable to step up or down 35 centimeter step unassisted.**
- **Unable to walk 175 meters outside unassisted, (1 city block).**
- **Have 20/200 vision or less (legally blind).**
- **Unable to utilize conventional transit due to cognitive or physical disability.**

Please read the attached sheets carefully. It is important that you understand the eligibility requirements, and that you complete this form correctly. **Any medical fees related to this registration process are the responsibility of the applicant or representative.**

Part 1 - General Information.

Part 1 of this application must be completed by the applicant or by any other person designated by him or her or an authorized representative if the applicant is unable to act.

Please complete all questions or application may be delayed.

Part 2 - This information is necessary to determine “eligibility”, that is the ability or inability of the client to use (Non Low Floor) conventional Metro Transit bus service.

The functional assessment section, page 5, of this application, must be completed and signed by a medical doctor . All assessments must be authorized by the signature of such professional. Please be clear as to the applicant’s ability/inability to use the (Non Low Floor) conventional Metro Transit bus service.

Submitting Application

Once the application form is completed in its entirety, the original application must be sent to the Metro Transit Access-A-Bus mailing address listed below. (If faxed, original must be mailed)

Please note that while Metro 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.

Authorization for release of information to be completed by the applicant or representative:

I,....., hereby authorize..... to release to
(Clients Name) (Doctors Name, same as page 5)

Halifax Regional Municipality, Metro Transit, any information with regard to my mobility and the inability to use the conventional Metro Transit bus service, which may be required to establish my eligibility for the Access-A-Bus Service.

Signature of applicant:_____

Please return the application to:
Metro Transit
Attention: Access-A-Bus Registration
150 Thornhill Drive
Dartmouth, Nova Scotia B3B 1S3
490-6681 (TELEPHONE)
490-6664 (FAX)
www.halifax.ca

(Effective Date: April 2003)

Revised September 1, 2008

Part 1
General Information

PLEASE PRINT

1 - Applicant Information

Last Name.		First Name.		Middle Initial:	
Pick Up Address:	No.	Street.	Apt. No.	Community.	Postal Code.
Mailing Address	No.	Street.	Apt. No.	Community.	Postal Code.
Same as pick up address 9					
Home address or Name of the Residence: Where the applicant lives (if applicable)					Room No.
Work place: Address	No.	Street.	Community.	Postal Code.	
Telephone No. (Home)	(Work)	(Alternate)	(Emergency)		

2 - What mobility aide do you regularly use to move about outside?

- | | |
|--|---|
| <input type="checkbox"/> Assistant | <input type="checkbox"/> White support cane |
| <input type="checkbox"/> Guide dog | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Long detection cane (white) | <input type="checkbox"/> Cane |
| <input type="checkbox"/> Manual wheelchair | <input type="checkbox"/> Crutches |
| <input type="checkbox"/> Motorized wheelchair: | Specify type: _____ |
| <input type="checkbox"/> Scooter: | Specify type: _____ |
| <input type="checkbox"/> Other (prosthesis): | Specify _____ |

Are you able to transfer from a wheelchair to a bus seat?

- Yes, alone, Yes, with the driver's help Never, even with the driver's help

3 - If there is no one at your residence to meet you and you cannot be left unattended, please provide an alternate address (preferably nearby) where you may be dropped off.

Contact name: _____
Contact phone: _____
Address: _____
Community: _____

4 - Please provide specific details of when you would require the services of Access-A-Bus. For all trips or under certain circumstances?

5 - Would you be willing to receive orientation and mobility training to improve your ability to travel safely and independently on Metro Transit's conventional buses if it were made available?

_____ Yes _____ No, please explain _____

6 - Did the applicant ever use the conventional Metro Transit bus system?

Yes: _____ No: _____ If yes, why did you stop? _____

7 - Please provide whatever additional information you believe may be relevant to this application:

8 - If the applicant has not filled out this section himself or herself, please identify the person who acts on his or her behalf.

Last name.		First name.	
Telephone No.	(Home)	(Office)	(Extension)
Relationship with applicant		Name of Residence (If applicable)	

9 - Contact person in case of an emergency 24 hours a day.

Last name.		First name.	
Telephone No.	(Home)	(Office)	(Extension)
Relationship with applicant		Name of Residence (If applicable)	

I certify that the information given is accurate and I authorize Metro Transit to contact the people who are required to fill out the other parts of this form.

Date: _____
Year Month Day

Mandatory Signature: _____

Part 2.
Functional Assessment Form

THIS FORM IS TO BE COMPLETED AND SIGNED BY MEDICAL DOCTOR

Access-A-Bus is a specialized public transportation service available to persons with temporary or permanent physical or cognitive impairments **who cannot** use conventional public transit service. Although Access-A-Bus attempts to minimize travel time, the passenger may have to ride on the vehicle for up to 90 minutes. Please be clear as to the applicant's ability/inability to use conventional Metro Transit bus service.

Applicant's Name: _____

1. Please describe the applicant's functional impairment and how it inhibits their ability to use (Non Low Floor) conventional Metro Transit bus service:

2. Does the client require the use of a mobility device?

Cane _____ Walker _____ Wheelchair _____ Scooter _____ Other _____

3. Can the applicant walk unassisted outdoors 175 meters?

Yes: _____ No: _____

4. Is the applicant physically able to step up or down 3 - 4 steps that are 35 centimeters in height?

Yes: _____ No: _____ Assisted _____ Unassisted _____ How Many? _____

5. Does the applicant have the cognitive ability to learn conventional bus routes and schedules?

Yes: _____ No: _____

6. Does the applicant have the cognitive ability to make or alter transportation requests without the assistance of a caregiver?

Yes: _____ No: _____

7. For what period of time will the applicant require Access A Bus Service?

3 months _____ 6 months _____ Seasonal (winter) _____ Permanent _____

8. In your opinion, can the applicant travel independently with the door to door assistance of the bus operator?

Yes: _____ No: _____, (Personal Care Attendant Required)

Doctors Signature:

Telephone No.

Provincial Medical Board No.

Date Completed:

Doctors Name Print: