

## **Medicine Hat Transit (MHT) Department** **Application for Service Eligibility – Special Needs Transit**

Medicine Hat Transit is committed to providing safe, convenient and accessible transportation options for all residents of the city. Medicine Hat Transit, through its fleet of accessible conventional and special needs buses provides transportation options to meet the varied needs of Medicine Hat residents.

Eligibility for Special Needs Transit is based on the specific abilities of the individuals and is not based on language barriers, age, income or unfamiliarity with the regular accessible fixed route transit service.

The application form and process has been designed in three steps:

- Step One - Get to know you, your abilities and transportation needs
- Step Two - Complete a functional assessment if required

The first step of the process is to complete the application form below and return it to Medicine Hat Transit. Your application for service eligibility form will be reviewed and then a follow up telephone and/or in person interview will be held. Once all the information has been clarified you will then be notified confirming whether you are eligible for specialized transit service or whether further functional assessments will be required. Information collected on the application form will be kept strictly confidential.

### **Getting to Know You and Your Abilities – Do you qualify for Special Transit Services**

**Personal Information** – this let’s us know your basic information; such as name, address, contact in case of emergency and your abilities, etc.

**Identifying Your Abilities and Limitations** – This information provides a basic functional assessment of your abilities/limitations.

### **Registration - More Transportation Details**



**Picking the right bus for you** – Our community has a number of transportation options available and we are committed to finding the most appropriate vehicle to meet your needs. By matching vehicles to the changing needs of our users, we strive to provide as many trips as possible.



**Trip Booking** – Making travel arrangements should be clear and simple. Help us to understand some of the limitations you may have around booking trips so that this process isn’t frustrating or complicated.



**Understanding your home environment** – This section will help us to understand some of your personal limitations relative to mobility and your ability to enter and exit your home.



**Understanding your destinations** – As a subscription user of the Medicine Hat Transit or if you are an occasional guest, we want to understand some of your more popular destinations and some of the limitations you might experience when you arrive.

**Personal Information – To be completed by the Applicant or Caregiver**

You or a caregiver may fill out this form but if for any reason you need assistance please call Medicine Hat Transit 529-8214.

Please check appropriate box

Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms. <input type="checkbox"/>
First Name:		Initial:	
Last Name:			
Address:			
Postal Code:	Phone #:	Work #:	Cell #:
Mailing address if different from above:			
Have you registered with the Medicine Hat Special Transit before?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Age: under 5 <input type="checkbox"/>	5-17 <input type="checkbox"/>	18-35 <input type="checkbox"/>	36-64 <input type="checkbox"/> 65-79 <input type="checkbox"/> 80+ <input type="checkbox"/>

**To help Medicine Hat Transit identify how residents' travel needs can best be met whether by an accessible fixed route system or a specialized service we need to know the following:**

Can you get to the nearest bus stop by yourself?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a bus stop within 400 meters of your residence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do the sidewalks or lack of sidewalks prevent you from getting to the bus stops near your house or to your destination? Please explain _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does lack of curb cuts (a curb cut is when the sidewalk at a street is sloped so the wheelchair users can get on and off it) prevent you from getting to the bus stops near your home or to your destination?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you require a mobility aid for your transportation needs? - Walker Yes <input type="checkbox"/> No <input type="checkbox"/> - Wheelchair Yes <input type="checkbox"/> No <input type="checkbox"/> - Scooter Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Can you get to a bus stop in the summer with your mobility aid?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have difficulty traveling when it is very cold?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have difficulty traveling when it is very hot?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Can you stand and wait at a transit bus stop for 10 minutes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If there is a bus shelter at your bus stop and can you sit and wait for the bus?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If there is a bus bench at your bus stop can you sit and wait for the bus?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a transit route within 400m travel distance of your home?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Can you board and get off a low floor transit bus with a ramp and handrail independently?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a health problem or disability that makes it hard for you to understand how to use the accessible fixed route transit system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do your abilities vary from day to day which results in being able to ride the accessible fixed route system some days and requires special transit on other days?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a health condition or disability that makes it difficult to read street signs or bus numbers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you require an attendant to assist you when you travel?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
In summary why do you find it difficult or nearly impossible to travel by fixed route accessible transit buses/system and why do you require specialized transportation?		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		



### Picking the right bus for you!

Do you live alone?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a part-time caregiver?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a full-time caregiver?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Emergency Contact – Give name of someone who lives in Medicine Hat that we can call in case of an emergency. Please name a person who does not normally travel with you.		
Name of Person:		
Person’s relationship to you:		
Home phone #:	Work #:	Other #:

**NOTE:** The smallest wheelchair lift dimension on the buses is 32 inches wide by 50 inches. Equipment larger than these dimensions **must be reported to the dispatcher at the time of booking.** The largest wheelchair lift dimension is 39 inches wide by 53 inches in length. Scooters larger than these dimensions cannot be accommodated. The combined weight of the passenger and mobility aid must not exceed 750 pounds.

**1. If you use a wheelchair, can you safely transfer**

From the wheelchair into a car or van seat? Yes  No   
 Does your wheelchair fold up? Yes  No

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

**2. Which primary mobility aid(s) do you use when traveling in the community:**

**Check all that apply:**

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 the outside dimensions: \_\_\_\_\_

**3. How are you getting around (traveling) in the community?**

**Check all that apply:**

Regular Public Transit Bus <input type="checkbox"/>	Friends drive me <input type="checkbox"/>
Community Bus <input type="checkbox"/>	Family drive me <input type="checkbox"/>
Own vehicle <input type="checkbox"/>	Volunteers drive me <input type="checkbox"/>
Special Transit <input type="checkbox"/>	Staff drive me <input type="checkbox"/>
Taxi <input type="checkbox"/>	Other _____ <input type="checkbox"/>

**4. When will you require service?**

Summer only  Winter only  All year around

**5. If your service needs are temporary, how long do you anticipate needing Special Transit?**

3 months  6 months  1 year  other

**6. When do you typically require service?**

Daytime only  Evenings only  Day & Evening  Weekends



## Understanding your home environment

### Private Nursing Home Residents

You do not need to fill out this section.

### Seniors home or apartment building residents

- Does your building have a name (ex. Legacy, Bell Apartments)? Yes  No   
Name \_\_\_\_\_.
- Where is the door you will be picked up from?  
Front  Back  Side  Other
- Is there a buzzer code? Yes  Buzzer # \_\_\_\_\_ No

### For Applicants living in a townhouse, duplex or house etc.

	Yes	No	n/a
Do you have a stairway inside your entry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• How many steps? _____			
Do you have steps on the outside of your home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• How many steps do you have? _____			
• Can you manage the steps by yourself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Do you need an arm to assist you down your stairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• If you are in a wheelchair, do you have extra help to assist you down/up your steps?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a ramp?			
• At your back door?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• At your front door?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Need a ramp installed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Need a ramp repaired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can snow/ice removal be a problem at the home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is snow/ice removal a problem going to and from the regular transit bus stop?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If the low floor bus stopped at your bus stop, could you ride it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If the regular transit bus stop was near your home could you use the bus?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



\_\_\_\_\_  
\_\_\_\_\_  
**Are there places within the City limits that you cannot get to? Yes  No**   
**If Yes Where?**

\_\_\_\_\_  
**And Why?** \_\_\_\_\_  
\_\_\_\_\_

**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 Signature

/  
date

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

*(Advocate, guardian or health/social service practitioner completing the form for applicant)*

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

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

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

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

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

Professional Qualifications: \_\_\_\_\_

Please return your application form:

By mail to: Medicine Hat Transit Department  
333 6 Avenue S.E  
Medicine Hat, AB T1A 2S6

By FAX 403 – 527- 5844

Or drop off in person at Transit Terminal 333 6 Avenue S.E.

You will be contacted within one week of receipt your application form for a follow up interview either by telephone or in person.

## What's Next?

During your interview you will be notified whether you are required to complete the next step.

### **STEP II - Completing a Functional Assessment by a Professional ( if required)**

	<b>Functional Assessment by a Professional.</b> – This is a functional assessment form for a professional to complete for Transit to determine your transportation options. We need your consent for a healthcare worker to provide information about your disability.
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