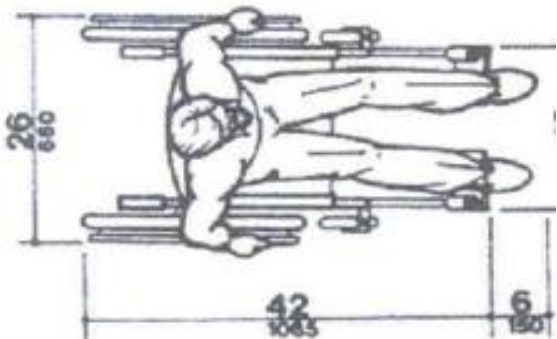




## Application for Special Transit

The following 6 pages must be submitted **IN FULL**. Please **PRINT** legibility.

	<b>TODAY'S DATE:</b> _____ (Month / Day / Year)
<b>1.</b>	<b>APPLICANT'S INFORMATION:</b>  First Name: _____ Initial: _____ Last Name: _____  <div style="text-align: center;">Month / Day / Year</div> Birth Date: _____ Age: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>2.</b>	<b>MOBILITY AIDES:</b> (check all mobility aides that the applicant may use; provide comment regarding occasional use. <input type="checkbox"/> None <input type="checkbox"/> Electric Wheelchair** <input type="checkbox"/> Manual Wheelchair** <input type="checkbox"/> Powered Scooter** <input type="checkbox"/> Crutches <input type="checkbox"/> Cane <input type="checkbox"/> Walker <input type="checkbox"/> Reclining Wheelchair** <input type="checkbox"/> Other: _____  Comment: _____
	<b>** How to measure a wheelchair (mandatory if <u>wheelchair</u> OR <u>scooter</u> checked above) **</b>
	<div style="display: flex; align-items: center;">  <div style="border: 1px solid black; padding: 10px; margin-left: 20px;"> <p><b>Record dimensions (actual space required on bus):</b></p> <p>_____ " <b>WIDE</b> (outside wheel to outside wheel):</p> <p>_____ " <b>LONG</b> (back wheel to front foot pedals including foot)</p> </div> </div>
<b>3.</b>	<b>ATTENDANT:</b> <input type="checkbox"/> Applicant <b>DOES</b> require an attendant. <input type="checkbox"/> Applicant <b>DOES NOT</b> require an attendant.
<b>4.</b>	<b>HAND TO HAND:</b> Is the Applicant required to be "handed off" to a responsible caregiver at their destination(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>5.</b>	<b>DISABILITIES:</b> (check all disabilities that apply): <input type="checkbox"/> Physical Limitations <input type="checkbox"/> Language Barrier <input type="checkbox"/> Cognitive/Dementia/Brain Injury/Alzheimer's <input type="checkbox"/> Speech/Hearing <input type="checkbox"/> Visual <input type="checkbox"/> Behavioral <input type="checkbox"/> Other: _____

<p><b>6.</b></p>	<p><b>APPLICANT'S PICK-UP (HOME) ADDRESS:</b> _____</p> <p><input type="checkbox"/> Medicine Hat   <input type="checkbox"/> Redcliff   Postal Code: _____</p> <p>Building Name (IF applicable): _____</p> <p>What is the location of the door the applicant wishes to be picked up at (please check IF applicable):</p> <p><input type="checkbox"/> Front Door   <input type="checkbox"/> Back Door   <input type="checkbox"/> Side Door   <input type="checkbox"/> Other: _____</p> <p>Door Number: _____ (Complete only IF the building's doors are labeled as such)</p> <p>Are there any hindrances that may prevent us from getting to the applicant's building/home/street?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No   If yes, explain: _____</p> <p>Are we able to park safely on the street outside the applicant's home?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>If 'No', explain: _____</p>
<p><b>7.</b></p>	<p><b>APPLICANTS BOOKINGS WILL BE MADE BY:</b></p> <p>(Complete and place a <b>check mark</b> in the <b>red</b> box on the left indicating <b>EVERYONE</b> who may make bookings for the Applicant. Include the Applicant <u>ONLY</u> if they will be making their own bookings.)</p> <p><input type="checkbox"/> <b>Applicant's Name:</b> _____</p> <p>Cell Ph: ( _____ ) _____   Home Ph: ( _____ ) _____</p> <p>Work Ph: ( _____ ) _____   Email Address: _____</p>
<p><input type="checkbox"/></p>	<p><b>Alternate Contact:</b> _____ Relationship: _____</p> <p>Cell Ph: ( _____ ) _____   Home Ph: ( _____ ) _____</p> <p>Work Ph: ( _____ ) _____   Email: _____</p>
<p><input type="checkbox"/></p>	<p><b>Emergency Contact:</b> _____ Relationship: _____</p> <p>Cell Ph: ( _____ ) _____   Home Ph: ( _____ ) _____</p> <p>Work Ph: ( _____ ) _____   Email: _____</p>
<p><input type="checkbox"/></p>	<p><b>Care Facility Name (IF Applicable):</b> _____</p> <p>Contact Name: _____ Position: _____</p> <p>Work Ph: ( _____ ) _____   Extension: _____</p>

Occasionally we may send out information to our clients. Please provide 1 main address to send to:

Care Facility Address: \_\_\_\_\_

Medicine Hat  Redcliff Postal Code: \_\_\_\_\_

**Group Home Name (IF Applicable):** \_\_\_\_\_

Group Home Address: \_\_\_\_\_

Medicine Hat  Redcliff Postal Code: \_\_\_\_\_

Group Home Ph #1: (\_\_\_\_\_) \_\_\_\_\_ Group Home Ph #2: (\_\_\_\_\_) \_\_\_\_\_

Main Contact in Group Home: \_\_\_\_\_ Email: \_\_\_\_\_

Occasionally we may send out information to our clients. Please provide 1 main address to send to:

Main Contact for Group Home: \_\_\_\_\_ Position: \_\_\_\_\_

Work Ph: (\_\_\_\_\_) \_\_\_\_\_ Extension: \_\_\_\_\_

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

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

Medicine Hat  Redcliff Postal Code: \_\_\_\_\_

**8. PRESENT TRAVEL INFORMATION:**

**A. How is the applicant presently travelling in the community? Please check all that apply:**

Family  MH Transit bus  Relatives  Friends  Taxi  Volunteers

Staff  Other: \_\_\_\_\_

**B. Does the applicant hold a valid driver's license?**  Yes  No

**C. Does the applicant have access to a personal/family vehicle?**  Yes  No

**D. Would the applicant be able to use the Medicine Hat Transit fixed route service if they were taught how to use the system?**  Yes  No If no, explain: \_\_\_\_\_

**E. What are the disabling condition(s) that prevent the applicant from using regular public transit? List and describe the severity of the condition(s):** \_\_\_\_\_

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

	<b>F. Describe how these condition(s) prevent or limit the applicant from using public transit:</b>																																																		
	<b>G. Is there any additional information regarding the applicant’s health condition that has NOT been addressed or described above?</b>																																																		
	<b>H. Is there a bus stop within 400 meters of the applicant’s residence?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If ‘Yes’, is there a bus shelter there?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Is there a bench?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No																																																		
	<table border="1"> <thead> <tr> <th data-bbox="185 835 1258 892">I. Is the applicant able to:</th> <th data-bbox="1258 835 1331 892">Yes</th> <th data-bbox="1331 835 1404 892">No</th> <th data-bbox="1404 835 1526 892">Unsure</th> </tr> </thead> <tbody> <tr> <td data-bbox="185 892 1258 987">Travel when there is snow or ice on the ground where landmarks are hidden, uneven or slippery?</td> <td data-bbox="1258 892 1331 987"></td> <td data-bbox="1331 892 1404 987"></td> <td data-bbox="1404 892 1526 987"></td> </tr> <tr> <td data-bbox="185 987 1258 1039">Understand directions needed to complete a trip?</td> <td data-bbox="1258 987 1331 1039"></td> <td data-bbox="1331 987 1404 1039"></td> <td data-bbox="1404 987 1526 1039"></td> </tr> <tr> <td data-bbox="185 1039 1258 1092">Read information signs and identify the correct bus?</td> <td data-bbox="1258 1039 1331 1092"></td> <td data-bbox="1331 1039 1404 1092"></td> <td data-bbox="1404 1039 1526 1092"></td> </tr> <tr> <td data-bbox="185 1092 1258 1144">Travel independently to get to the nearest transit stop/shelter in the <b>summer</b>?</td> <td data-bbox="1258 1092 1331 1144"></td> <td data-bbox="1331 1092 1404 1144"></td> <td data-bbox="1404 1092 1526 1144"></td> </tr> <tr> <td data-bbox="185 1144 1258 1197">Travel independently to get to the nearest transit stop/shelter in the <b>winter</b>?</td> <td data-bbox="1258 1144 1331 1197"></td> <td data-bbox="1331 1144 1404 1197"></td> <td data-bbox="1404 1144 1526 1197"></td> </tr> <tr> <td data-bbox="185 1197 1258 1249">Step on and off the curb to get to a bus stop?</td> <td data-bbox="1258 1197 1331 1249"></td> <td data-bbox="1331 1197 1404 1249"></td> <td data-bbox="1404 1197 1526 1249"></td> </tr> <tr> <td data-bbox="185 1249 1258 1302">Wait at a stop or shelter, while <b>standing</b>?</td> <td data-bbox="1258 1249 1331 1302"></td> <td data-bbox="1331 1249 1404 1302"></td> <td data-bbox="1404 1249 1526 1302"></td> </tr> <tr> <td data-bbox="185 1302 1258 1354">Wait at a stop or shelter, while <b>seated</b>?</td> <td data-bbox="1258 1302 1331 1354"></td> <td data-bbox="1331 1302 1404 1354"></td> <td data-bbox="1404 1302 1526 1354"></td> </tr> <tr> <td data-bbox="185 1354 1258 1407">Climb up and down 3 stairs (12” height) independently?</td> <td data-bbox="1258 1354 1331 1407"></td> <td data-bbox="1331 1354 1404 1407"></td> <td data-bbox="1404 1354 1526 1407"></td> </tr> <tr> <td data-bbox="185 1407 1258 1522">Board a low-floor bus (a bus without steps) independently if there are handrails and a ramp at curb level?</td> <td data-bbox="1258 1407 1331 1522"></td> <td data-bbox="1331 1407 1404 1522"></td> <td data-bbox="1404 1407 1526 1522"></td> </tr> <tr> <td data-bbox="185 1522 1258 1585">Get into their destination building/location independently upon arrival?</td> <td data-bbox="1258 1522 1331 1585"></td> <td data-bbox="1331 1522 1404 1585"></td> <td data-bbox="1404 1522 1526 1585"></td> </tr> </tbody> </table>			I. Is the applicant able to:	Yes	No	Unsure	Travel when there is snow or ice on the ground where landmarks are hidden, uneven or slippery?				Understand directions needed to complete a trip?				Read information signs and identify the correct bus?				Travel independently to get to the nearest transit stop/shelter in the <b>summer</b> ?				Travel independently to get to the nearest transit stop/shelter in the <b>winter</b> ?				Step on and off the curb to get to a bus stop?				Wait at a stop or shelter, while <b>standing</b> ?				Wait at a stop or shelter, while <b>seated</b> ?				Climb up and down 3 stairs (12” height) independently?				Board a low-floor bus (a bus without steps) independently if there are handrails and a ramp at curb level?				Get into their destination building/location independently upon arrival?			
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	<b>A. Are there any specific <u>destinations</u> that the applicant IS able to travel to independently on a regular transit bus? Please list the addresses below:</b>  <hr/> <hr/> <hr/>																																																		

	<p><b>B. Are there any particular <u>times during the day</u> or <u>days of the week</u> when the applicant IS able to travel independently on a regular transit bus? Please state:</b></p> <p>Time(s) during day: _____</p> <p>Day(s) of week: _____</p>
	<p><b>C. If approved, what types of trips would the applicant use Special Transit for?</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
	<p><b>D. Is service required for rehabilitation?</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
	<p><b>E. When would the applicant require service (check all that apply):</b></p> <p><input type="checkbox"/> Weekdays Only    <input type="checkbox"/> Weekends Only    <input type="checkbox"/> Daytime Only    <input type="checkbox"/> Evenings Only</p> <p><input type="checkbox"/> Days &amp; Evenings    <input type="checkbox"/> Winter Only (Oct 1-Mar 31)    <input type="checkbox"/> All Year Round</p> <p><input type="checkbox"/> Other (Explain): _____</p>
	<p><b>F. If the applicant's service requirements are temporary, specify duration:</b></p> <p><input type="checkbox"/> Less than 3 Months: state length of time and reason: _____</p> <p>_____</p> <p><input type="checkbox"/> 3 Months    <input type="checkbox"/> 6 Months    <input type="checkbox"/> 9 Months    <input type="checkbox"/> 1 Year</p> <p><input type="checkbox"/> Other Explain): _____</p>
<p><b>10.</b></p>	<p><b>ADDITIONAL INFORMATION</b> (Please provide any additional relevant information that has not been provided above):</p>
<p><b>11.</b></p>	<p><b>WOULD THE APPLICANT BE WILLING TO PROVIDE SUPPORTING MEDICAL INFORMATION IF REQUESTED?</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>

12.	<p><b>NAME OF PERSON COMPLETING THIS FORM</b> (please PRINT clearly and provide all information):</p> <p>_____ Relationship: _____</p> <p>Cell Ph: ( _____ ) _____ Home Ph: ( _____ ) _____</p> <p>Work Ph: ( _____ ) _____ Email: _____</p>
13.	<p><b>QUESTIONS AND/OR NOTIFICATION:</b></p> <p><b>A. Who should be contacted regarding questions we may have regarding this application?</b></p> <p><input type="checkbox"/> Applicant    <input type="checkbox"/> Alternate Contact    <input type="checkbox"/> Emergency Contact    <input type="checkbox"/> Care Facility    <input type="checkbox"/> Group Home</p> <p><b>B. Who should be contacted to advise of approval or denial of this application?</b></p> <p><input type="checkbox"/> Applicant    <input type="checkbox"/> Alternate Contact    <input type="checkbox"/> Emergency Contact    <input type="checkbox"/> Care Facility    <input type="checkbox"/> Group Home</p>
14.	<p><b>ACKNOWLEDGEMENT AND AGREEMENT TO TERMS:</b></p> <p>I hereby declare that the information provided on this application is true and correct and represents my condition. I agree to abide by all the terms and conditions as outlined in the "Information for Service Eligibility-Special Transit" that I have been provided with. <b>I understand that if any information is missing, my application will be denied or delayed.</b></p> <p>_____</p> <p style="text-align: center;"><b>Applicant's Signature</b> <span style="float: right;"><b>Date</b></span></p> <p>If Applicant is unable to sign, one of the contacts listed above may agree on behalf of the Applicant that the Applicant (OR Caregiver) has read and/or understands and agrees to the terms and conditions as outlined above.</p> <p><b>ACKNOWLEDGEMENT AND AGREEMENT TO TERMS ON APPLICANT'S BEHALF:</b></p> <p>_____</p> <p style="text-align: center;"><b>Print Name</b> <span style="margin-left: 150px;"><b>Relationship</b></span> <span style="float: right;"><b>Date</b></span></p>