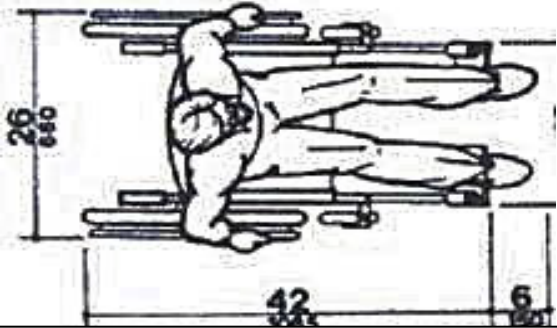


## Adaptive Transit Application Form

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: _____  <div style="text-align: center; color: red; font-weight: bold;"> <b>** How to measure a wheelchair (mandatory if <u>wheelchair</u> OR <u>scooter</u> checked above) **</b> </div> <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> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">         Does your wheelchair have: (Circle all that apply) Handles, 2 Footrests, Working brakes, Securement hooks, Seatbelt, Rear anti tip wheels, WC19 or WC18 Sticker.       </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):  <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?  <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>Please note a site assessment will be completed before the application is approved.</p> <p>Site assessment completed by _____ on _____</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):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

	<p><b>F. Describe how these condition(s) prevent or limit the applicant from using public transit:</b></p>			
	<p><b>G. Is there any additional information regarding the applicant's health condition that has NOT been addressed or described above?</b></p>			
	<p><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</p>			
	<p><b>I. Is the applicant able to:</b></p>	<p><b>Yes</b></p>	<p><b>No</b></p>	<p><b>Unsure</b></p>
				<p>Travel when there is snow or ice on the ground where landmarks are hidden, uneven or slippery?</p>
				<p>Understand directions needed to complete a trip?</p>
				<p>Read information signs and identify the correct bus?</p>
				<p>Travel independently to get to the nearest transit stop/shelter in the <b>summer</b>?</p>
				<p>Travel independently to get to the nearest transit stop/shelter in the <b>winter</b>?</p>
				<p>Step on and off the curb to get to a bus stop?</p>
				<p>Wait at a stop or shelter, while <b>standing</b>?</p>
				<p>Wait at a stop or shelter, while <b>seated</b>?</p>
				<p>Climb up and down 3 stairs (12" height) independently?</p>
				<p>Board a low-floor bus (a bus without steps) independently if there are handrails and a ramp at curb level?</p>
				<p>Get into their destination building/location independently upon arrival?</p>
<p><b>9.</b></p>	<p><b>SERVICE REQUIREMENTS:</b></p>			
	<p><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></p> <p>_____</p> <p>_____</p> <p>_____</p>			

	<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>
10.	<p><b>ADDITIONAL INFORMATION</b> (Please provide any additional relevant information that has not been provided above):</p>
11.	<p><b>IS THE APPLICANT 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>

<b>13.</b>	<b>QUESTIONS AND/OR NOTIFICATION:</b>
	<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>
<b>14.</b>	<b>ACKNOWLEDGEMENT AND AGREEMENT TO TERMS:</b>
	<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 style="background-color: yellow;"><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>

Pursuant to s. 33 (c) of the Freedom of Information and the Protection of Privacy Act, the personal information collected on this form is for the purpose of an operating program or activity of the City of Medicine Hat. The City of Medicine Hat must collect personal information directly from the individual that the information is about unless another method of collection is authorized by the individual or by an enactment of Alberta or Canada. The personal information provided will be protected under Part 2 of the Freedom of Information and the Protection of Privacy Act and will be used for determining or verifying eligibility for Special Transit services.

Questions regarding the collection and use of personal information can be directed to the FOIPP Officer for the City of Medicine Hat at 403 529 8234.

*Or, when the information being collected is expressly authorized by an Act (eg tax forms etc).*

Pursuant to s. 33 (a) of the Freedom of Information and the Protection of Privacy Act, the personal information collected on this form is for the purpose of an enactment of Alberta. Questions regarding the collection and use of personal information can be directed to the FOIPP Officer for the City of Medicine Hat at 403 529 8234.

Revised June 2026

## Adaptive Transit Guidelines

**If approved for Adaptive Transit, you WILL need this document for future reference. Please keep it handy.**

**ADAPTIVE TRANSIT** is a curb-to-curb transit service for individuals within our community who cannot safely access the regular public transit system due to physical or cognitive disabilities.

### **A. Application and Registration:**

All persons must apply for Adaptive Transit by completing the application form that follows however, completion does not guarantee eligibility. All City of Medicine Hat fixed route buses are low floor and 100% accessible. If citizens need help learning to ride Medicine Hat Transit, please call our office to arrange for a training session.

An applicant may be contacted for clarification by telephone and will be notified of their approval or denial within a minimum of 30 business days. If an application is approved and the service is not used for a period of 12 consecutive months, the registration will become invalid, and the Client will have to reapply for the service.

### **B. Accessing an Application:**

Applications can be picked up at one of two locations **or** the website as noted below:

1. Medicine Hat Transit Administration Office, **460 Spencer Street SE**, Medicine Hat, AB T1A 1Y7
2. Website: [www.mhtransit.ca](http://www.mhtransit.ca). **Always refer to our website for the most recent copy.** Older versions may be rejected.
3. Office Phone: (403) 529-8214/press "1". Office hours are Monday to Friday, 8 am to 4 pm, (closed from 12 noon to 1 pm). **Lost and found inquiries** can also be directed to this number.

### **C. Submitting an Application:**

The application must be completed in full before submitting. You **may** be required to provide supporting documentation from a medical professional before being considered for approval. **Incomplete applications will be denied or delayed.** Call (403) 529-8214/press "1" if you have questions regarding your application status.

Applications can be submitted as follows:

1. Online: Complete this form online at [www.mhtransit.ca](http://www.mhtransit.ca)
2. Fax: (403) 525-8894.
3. Scan and email to: [mhtransit@medicinehat.ca](mailto:mhtransit@medicinehat.ca).
4. Mailed via Canada Post or dropped off: 460 Spencer Street SE, Medicine Hat, AB T1A 1Y7.

### **D. What types of trips can Adaptive Transit be used for and what are considered priority trips?**

1. Medical Appointments
2. Employment
3. Education
4. Shopping
5. Social Outings

### **E. Hours of Operation of Adaptive Transit Service:**

Monday to Friday: 6:15 am – 7:00 pm

Saturday: 6:45 am to 7:00 pm

- **No service on any statutory holidays.**

Sundays: No service

### **F. Booking of Trips – 2 Types of Bookings are Available:**

1. **Casual Booking:** A trip required from various locations and times on an inconsistent basis.
  - Call (403) 529-8214/press “2” for Dispatch (available 24/7) to make a casual booking, to confirm a trip, or to cancel a trip.
2. **Subscription Booking:** A trip from the same origin to the same destination on the same day(s), at the same time of day, on a regular basis for maximum 3-month period.
  - **A “Subscription Request Form” MUST be completed for each new subscription and scanned, faxed or mailed in (see “C” for information)**

Bookings may be made on the same day, if room is available. We suggest booking a minimum of **24 hours** in advance. Bookings are accepted a maximum of **14 days** in advance.

Registered users may book their trip online or by using our mobile app. Review your User Guide for additional information.

### **G. Booking, Canceling, or Checking on a Trip:**

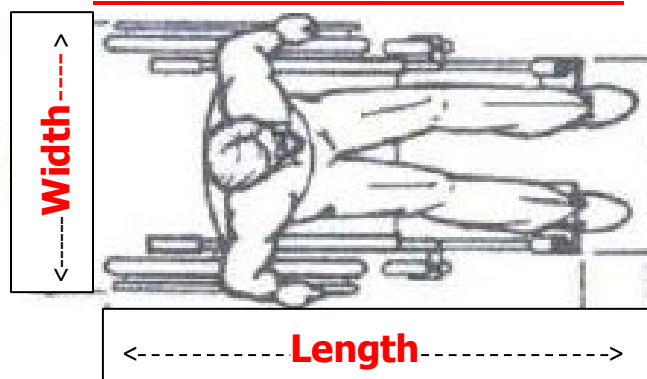
1. To book, cancel or check on a trip, the Client must call (403) 529-8214/press “2” (available 24/7). Bookings may be made a minimum of **24 hours** in advance and a maximum of **14 days** in advance.
2. To cancel a trip, Clients must do so as soon as possible by calling (403) 529-8214/press “2” (24/7 availability). Failure to cancel a trip more than 2 hours in advance may result in penalties. If your “to” trip is canceled or you are a “no-show” when the bus arrives, your return trip will be automatically canceled.
3. All trips are **automatically cancelled on statutory holidays**.

### **H. Client’s Responsibilities:**

1. **Changes to Contact Information:** Medicine Hat Transit must be advised at least **2 weeks in advance** of address changes, contact information, as well as mobility aide changes and dimensions of wheelchairs and/or scooters if and when changes occur.
2. **Oversize Items:** Will not be permitted on the bus.
3. **Service Animals:** Are allowed, only if the Client can provide a legitimate service ID card for the animal. Non-service animals are allowed **ONLY** if they are caged and if the Client is able to physically lift the cage without assistance.
4. **Pick-Up Locations:** Must be kept free of snow, ice and debris.

5. **20-Minute Pick-Up Time Window:** Special Transit works on a 20-minute pick-up time window. This means an Operator could arrive up to 20 minutes prior for an "Arrive by" trip or 20 minutes after the scheduled pick-up time for a "Leave by" trip. Clients must be prompt and ready within that period of time. If "no-shows" become excessive, the Client may be refused service.
6. **Doctor's Office Late Appointments:** If the Client is at a doctor's office and is not ready to leave at the scheduled pick-up time, they must call Dispatch (403) 529-8214/press "2" and advise them, giving as much notice as possible. Otherwise, the driver has the right to leave if the Client is not ready within that 10-minute window. The Client will then be required to arrange their own transportation outside of Adaptive Transit.
7. **Mobility Aides:**
  - a. Clients must use the seat belts provided.
  - b. Clients in scooters must transfer to a bus seat.
  - c. Wheelchairs without foot pegs or seatbelts will result in the passenger(s) being denied a trip for safety reasons (leg amputees exempt). Foot pegs and seatbelts must be provided by the Client and be in good repair.
  - d. All wheelchairs and scooters must be able to be secured to the restraint system on the bus. All bags, trays or any other personal belongings must be securely fastened or stowed so as to not interfere with the securement of the wheelchair or mobility device.
  - e. It is **mandatory** that wheelchair (manual, electric and reclining) as well as scooter Clients provide the dimensions and advise us if any changes occur. The physical space the mobility aide will occupy is required.

### How to measure a wheelchair:



#### I. Adaptive Transit Operator's Responsibilities:

1. Adaptive Transit Operators are not allowed to leave the bus to assist the Client, therefore if a mandatory assistant is required (as per their application) but not available to accompany the Client on their trip for boarding and exiting the bus, the Client will be refused service. (A "**mandatory assistant**" is defined as someone who is **physically and mentally able** to assist the Client in the event of an incident or medical emergency.) The assistant cannot be a registered Adaptive Transit Client.
2. Operators are not responsible to assist with parcels, groceries, etc., nor are they responsible for going to the Client's door to check on the Client's availability.

**J. Payment and Fares:**

1. ALL passes as mentioned below are **interchangeable** on Adaptive Transit and Regular Transit.
2. Payment for Adaptive Transit purchases can be made with cash (**exact change required**) or by cheque made payable to “Medicine Hat Transit”.
3. There are **3 types of fares:**
  - a. **One-Way Cash Trip:** \$3.25 (all ages). There is no charge for mandatory attendants.
  - b. Day Pass: \$6.50 (all ages). Day passes are available from Special Transit drivers.
  - c. **Pass Purchase: All regular transit pass products are valid.**
    - i. **Adult Pass** (age 18-64) .....\$70.50
    - ii. **Senior Pass** (age 65+) .....\$43.75
    - iii. **Youth Pass** (age 6-17) .....\$38.75
    - iv. **Post Secondary Pass** (educational institution).....\$61.00

Passes can be purchased from the vendors listed below.

**K. Vendor Sales Outlets for Passes and Tickets (Prices as Noted Above):**

1. City Hall – 580 – 1 Street SE (Cashiers – Main Floor)
2. Division Avenue One Stop – 1039 Division Avenue South
3. Esplanade, 401 - 1 Street SE (Main Floor Reception Desk)
4. Family Leisure Centre, 2000 Division Ave NW
5. Medicine Hat Co-op Mall, 3030 - 13 Avenue SE
6. Northlands Co-op, 10 Northlands Way NE
7. Medicine Hat College Bookstore, 299 College Drive SE
8. Medicine Hat Hospital Gift Shop, 666 - 5 Street SW
9. Pharmasave, 58 - 8 Street NW
10. Pharmasave, 407 - 7 Street SW

**If approved for Adaptive Transit, you will be provided with our User Guide. You will need your User Guide for reference; please keep it handy.**