

Swift Current Access Transit

General Information

The Swift Current Access Transit Service is a shared ride bus service for Swift Current residents and visitors who are restricted from using regular transit because of a disability. Access Transit is not a taxi service, and you may be scheduled on the bus at the same time as other passengers. SaskAbilities operates Access Transit in partnership with the City of Swift Current.

Access Transit drivers are required to assist passengers to and from the bus to the inside of the closest accessible door.

Application:

- The purpose of the process is to ensure all passengers meet the eligibility requirements;
- Any charges incurred for completing this form or for obtaining additional information are the responsibility of the applicant. The completion of the application form does not guarantee eligibility;
- Only applicants that are fully completed and signed will be considered. Incomplete forms will be returned; and
- You may be required to provide further information

There are **two** parts to this application, **Part A and B**. All applicants must complete Part A. If Part B is required, it must be completed and signed by a qualified health care practitioner familiar with your disability (Occupational Therapist, Physical Therapist, Physician).

Please allow up to 10 days to process your application.

Please send completed applications to:

SaskAbilities
1551 North Railway Street West
Swift Current, SK S9H 5G3
Fax: 306-778-9188
Email: swifttransit@saskabilities.ca

For more information call 306-770-2263 – ext. 1

Part A: to be completed by applicant, advocate or guardian.

Please print clearly.

| | |
|--|------------------|
| Last Name: | |
| First Name: | |
| Street Address: Include House # if at Meadows | |
| City: | Postal Code: |
| Home Phone: | Alternate Phone: |
| D.O.B. (YYYY,MM,DD) | |
| Mailing Address (if different from above): | |
| City: | Postal Code: |
| Emergency Contact: | |
| Emergency Contact Number: | |
| Mobility Aid used when travelling: | |

Please note if you use a wheelchair or scooter, the access transit platform lift measures 32" x 51". If the combined weight of the passenger and mobility aid exceed 600lbs. please advise the dispatcher of the approximate combined weight when booking.

1. Which mobility aid(s) do you use? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Walker (Collapsible) |
| <input type="checkbox"/> Cane | <input type="checkbox"/> Walker (Non Collapsible) |
| <input type="checkbox"/> Leg Braces | <input type="checkbox"/> Oversize Wheelchair |
| <input type="checkbox"/> Prosthesis | <input type="checkbox"/> Manual Wheelchair |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> Broda Chair |
| <input type="checkbox"/> Service Animal | <input type="checkbox"/> Motorized Wheelchair |
| <input type="checkbox"/> Oxygen | <input type="checkbox"/> Scooter |
| <input type="checkbox"/> Respirator or ventilator | <input type="checkbox"/> Other: _____ |

2. Access Transit wheelchair lifts measure 32" x 51". The combined weight of the passenger and ability aid cannot exceed 600lbs. *Do the outside dimensions of the wheelchair/scooter, or the approximate combined weight of yourself and the wheelchair/scooter exceed the above measurements or weight?

- Yes No

If yes, please explain _____

3. How are you getting around now? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Regular public transit | <input type="checkbox"/> Volunteers or staff |
| <input type="checkbox"/> Own car | <input type="checkbox"/> Taxi |
| <input type="checkbox"/> Family or friends | <input type="checkbox"/> Other _____ |

4. What has changed that you are applying for Access Transit?

5. Is your condition expected to improve or change over time?

- Yes No

If yes, please explain _____

6. Can you recognize landmarks?

- Yes No

If yes, please explain _____

7. Can you go up and down stairs without help?

- Yes No

If yes, how much steps in a row _____

8. Specify duration of the Access Transit Service required:

- 6 weeks 1 Year
 3 months Permanent
 6 months Other _____

9. Some applicants may require an attendant to travel with them when using Access Transit. If so, the applicants will not be permitted to book without a mandatory attendant for medical or behaviour support or mobility assistance. *Note, this may not apply to those travelling to adult day programs.*

Will you require a mandatory attendant when using Access Transit?

- Yes No

If yes, please explain _____

10. Can you be left alone at your destination?

- Yes No

If no, please explain _____

11. Are you registered to receive Access Transit services in another community?

- Yes Location _____ No

12. Please provide any additional information that may be relevant to this application.

Release of Information

I, the applicant, understand the purpose of this application is to determine my eligibility to use the Swift Current Access Transit Service and I agree to provide my personal information solely for that purpose. I understand that the information contained herein will be treated confidentially. I understand further that SaskAbilities reserves the right to request additional information.

I hereby declare that the information provided is true and correct

Applicant signature

Date

If someone else is completing this form on your behalf, please indicate below.

Name: (print) _____

Signature

Date

Relationship to applicant: _____

Phone Number: _____

How long have you known the applicant? _____

All information collected on this form is handled and maintained in accordance with SaskAbilities policies which are available on our website www.saskabilities.ca

Part B: External Assessment – to be completed by a Health Care Practitioner (Occupational Therapist, Rehabilitation Therapist, or Physician). This person cannot be a family member.

Part B must be completed unless one of the following criteria is met. Please check all that apply.

- Uses a wheelchair or scooter on a **permanent** basis; all the time;
- Enrolled in and attends the Meadows Day Program or SaskAbilities Day Program
- Registered for Paratransit Service in another community with similar eligibility criteria.

If any of the above criteria is checked, you do not need to complete Part B

The purpose of this assessment is to provide sufficient information about the applicant to permit Access Transit staff to assess the applicant's eligibility for Access Transit service. Access Transit may request more information from the person completing the assessment.

- All parts of this assessment must be completely filled out and signed by a qualified health care practitioner. (Occupational Therapist, Physical Therapist, Rehabilitation Therapist or Physician) familiar with the applicant's disability.
- Clearly describe the applicants ability/inability to use regular transit and under what conditions.
- Any forms that are unclear or incomplete will be returned.

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| |
|-----------------------|
| Applicant Last Name: |
| Applicant First Name: |

1. What is the condition(s) which restricts the applicant from using regular transit?

2. How does this condition affect the applicant's ability in the following areas?

| | |
|---|--|
| Walking/Mobility/ Strength Endurance | |
| Vision / Perception | |
| Memory / Cognition | |
| Behaviour | |
| Other (specify) | |

Do the above limitations vary with season and/or time of day? (e.g. night, winter)?

Yes

No

If Yes, please explain _____

3. Will the effects of the applicant's disability decrease or change over time? (e.g. Mobility after knee surgery will improve in a few months' time)

- Yes No

Please explain:

4. Could the applicant learn to use regular transit, which can accommodate a wheelchair, if someone taught him/her how to use it?

- Yes No

Please explain:

5. Some applicants require an attendant to travel with them to assist them when using Access Transit. If so, the applicant will not be permitted to book trips without a mandatory attendant. This may not apply to those travelling to adult day programs.

Will the applicant require a mandatory attendant to safely use service?

- Yes No

If yes, please explain:

6. Can the applicant be left alone at their destination?

- Yes No

If no, please explain:

7. Date this assessment was completed: _____

Indicate who completed Part B – health care practitioner. (Occupational Therapist, Physical Therapist, Rehabilitation Therapist or Physician).

Name (print) _____

Signature

Date

Relationship to Applicant: _____

Qualifications: _____

Address: _____

Phone: _____

How long have you (or your practice) known the applicant's condition? _____