



Application for Handi Transit Service

If you have a disability that prevents you from using transit buses some or all of the time, you may be eligible for door-to-door handi transit services. An individual who is unable to use the regular transit system, due to a physical, cognitive or functional disability, may be eligible for handi services. Handi Transit is a shared ride, door-to-door service that operates within the City of Brandon limits. Drivers assist passengers from the exterior door of the pick up location to the exterior door of the destination location.

Eligibility Criteria

Eligibility is granted based on a reflection of the client's real needs, which takes into account the client's ability or inability to use the regular, fixed route transit system. This is determined on the basis of information provided on the application form and, where necessary, through a personal interview.

A person may qualify for handi transit service for the following reasons:

- Requires the use of a wheelchair or scooter;
- Inability to board a regular transit bus (with stairs);
- Inability to walk one block or to the bus stop nearest their residence;
- Insufficient endurance or stamina to ride a regular transit bus for a reasonable length of time;
- Unable to utilize regular transit due to cognitive or physical disability;

***** Elderly and blind persons able to board public transit are not automatically eligible.**

INSTRUCTIONS

1. Please complete the following form as directed. It is important that you understand the eligibility requirements, and that you complete all sections of the form correctly and in full.
2. Section 1, General Information, must be filled out by the applicant or by any other person designated by him or her or an authorized representative if the applicant is unable to act.
3. Section 2, Functional Assessment Form, must be completed and signed by a medical professional (see list of eligible certifications). All assessments must be authorized by the signature of such professional. Please be clear as to the applicant's ability/inability to use the regular transit system.
4. Please note that filling out this application form does not guarantee eligibility or approval.
5. There is no charge to apply for Handi Transit service. Any fees charged by a medical professional are the responsibility of the applicant.
6. Once received, the application will be reviewed and you will be contacted within 5 business days regarding the status of your application. In some cases, additional phone calls or an interview may be required to determine eligibility.
7. If you have any questions, you may call Handi Transit Services at (204) 729-2437.
8. Completed forms may be faxed to (204) 729-8244, or mailed to:

**HANDI TRANSIT SERVICE APPLICATIONS
900 RICHMOND AVENUE EAST
BRANDON, MANITOBA R7A 7M1**

Section 1: General Information

(Please print clearly)

APPLICANT INFORMATION

LAST NAME		FIRST NAME	
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HOME ADDRESS				BRANDON, MB	
	<i>(Apt)</i>	<i>(Number)</i>	<i>(Street)</i>		<i>(Postal/Code)</i>

NAME OF LONG TERM CARE FACILITY (IF APPROPRIATE):

Date of Birth			
	<i>(Day)</i>	<i>(Month)</i>	<i>(Year)</i>

Gender: Male Female

HOME PHONE NUMBER:				-				
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WORK PHONE NUMBER:				-				
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E-MAIL ADDRESS:

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ALTERNATE (CELL) NUMBER:				-				
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EMERGENCY CONTACT INFORMATION

List two people we can contact in case of an emergency (24 hours a day):

NAME: _____

PHONE (HOME): _____

PHONE (WORK): _____

PHONE (MOBILE): _____

Relationship to applicant: _____

NAME: _____

PHONE (HOME): _____

PHONE (WORK): _____

PHONE (MOBILE): _____

Relationship to applicant: _____

If there is no one at your residence to meet you and you cannot be left alone, you **MUST** provide an alternate address close by to drop you off at.

CONTACT NAME: _____

ADDRESS: _____

PHONE: _____

Relationship to applicant: _____

ALTERNATE PHONE: _____

All personal and personal health information collected is under the authority of The Freedom of Information and Protection of Privacy Act (FIPPA) and/or The Personal Health Information Act (PHIA) and is protected by the privacy provisions of said Act. All information provided in this form is confidential and solely for the use of Brandon Transit and its agents in determining eligibility for Handi Transit service as authorized by the City of Brandon.



DISABILITY INFORMATION

1. Please describe your disability or medical condition.

2. How does your disability prevent you from using a regular transit bus?

3. Is your disability: Permanent (life long) YES NO

Temporary until: _____ (can be extended as required)

4. Does your disability include any of the following cognitive and/or physical mobility issues? (check all that apply and indicate any other factor you feel should be noted)

- Unable to walk three city blocks
- Unable to stand for 15 minutes
- Unable to sit or rise unassisted
- Unable to see signs or notices
- Unable to travel unassisted due to confusion, or cognitive or organizational limitations
- Unable to walk up or down steps
- Unable to travel on buses due to fatigue
- Shortness of breath due to exertion
- Unable to plan a trip and travel alone outside home

Other (please specify): _____

EQUIPMENT INFORMATION

5. Do you use any of the following to help you get around? (please check all that apply)

- | | | |
|--|---|--|
| Power Wheelchair <input type="checkbox"/> | Cane <input type="checkbox"/> | Long Detection Cane (white) <input type="checkbox"/> |
| Manual Wheelchair <input type="checkbox"/> | Crutches <input type="checkbox"/> | Prosthetic/Orthotic Device <input type="checkbox"/> |
| Three Wheel Scooter <input type="checkbox"/> | Walker <input type="checkbox"/> | Portable Oxygen Tank <input type="checkbox"/> |
| Four Wheel Scooter <input type="checkbox"/> | Hearing Aid <input type="checkbox"/> | Communication Devices <input type="checkbox"/> |
| Collapsible Walker <input type="checkbox"/> | Service Animal <input type="checkbox"/> | Other: _____ |

6. If you selected one of the wheelchairs above, please check the device that you will use most often when riding with Handi Transit services:

POWER WHEELCHAIR

- Standard
- Reclining
- Extended Foot Rests

MANUAL WHEELCHAIR

- Standard
- Reclining
- Extended Foot Rests
- Broda Chair

Please provide outside dimensions of your chair. Our wheelchair lifts measure 33" wide x 52" long (83cm x 132cm). Equipment larger than this cannot be accommodated.

Please note: Combined weight of passenger & mobility aid must not exceed 750lbs.

Width of Chair _____ Length of Chair _____



TRAVEL INFORMATION

7. When did you last use or tried to use a Brandon Transit Bus? _____
Location of nearest City bus stop to your residence (Street location) _____
How far is that bus stop from your residence ((Number of blocks) _____
Are there any physical reasons or barriers to stop you from using the bus stop? (explain if answer is yes)

8. How are you currently getting around (travelling) in the community? Check all that apply.

- Own Car Family/Friends drive me
 Regular Public Transit Bus Staff drive me
 Taxi Cab Other (explain): _____

ATTENDANTS

9. Attendant Required - Handi Transit Services may require an attendant to accompany a client for the safety and well being of the client and other passengers. Reasons for requiring an attendant include, but are not limited to, an unstable medical condition such as seizures and/or confusion, disorientation, anxiety, agitation, impaired or limited cognitive functioning and/or communication, and the inability to operate a wheelchair or motorized device independently.

Do you believe that you require an attendant? Yes No

If the answer to the above question is yes, then please state the nature of the medical condition or special need which may require an attendant. (This question is asked to ensure your safety.)

HOME ENVIRONMENT

10. Please check the most appropriate description of your pick up location.

- House/Mobile Home Long Term Care Facility/Personal Care Home
 Apartment/Townhouse/Condo/Duplex Hospital
 Other (explain): _____

11. Where is your pick up door:

- Front Side Back Garage Other (explain): _____

12. Does your home have steps outside at pick up door?

- NO YES If Yes, how many steps? _____

13. Do you need someone to help you go up or down these steps?

- YES NO

Note: Drivers are only required to assist manual wheelchairs up 1 vertical step. For more than 1 step, you must make alternate arrangements (i.e. ramp).

CERTIFICATION

I hereby declare that I have a disability that is sufficiently severe such that I am unable without assistance, to use transit buses some or all of the time. I consent to the disclosure of personal information (including medical information) by a medical professional, to Brandon Handi Transit or its agents for the purpose of determining my eligibility for Handi Transit Service. I will advise Brandon Handi Transit or its agents of any changes to my mobility needs. I understand that Brandon Handi Transit has the right to review my application from time to time and can revoke my registration if they determine that I am no longer eligible for handi service.

Name of your medical professional _____

Telephone _____

- | | | |
|---|---|--|
| <input type="checkbox"/> Physician | <input type="checkbox"/> Physical Therapist | <input type="checkbox"/> Certified Psychologist/Psychiatrist |
| <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Optometrist/Ophthalmologist |
| <input type="checkbox"/> Registered Nurse | <input type="checkbox"/> Social Worker | <input type="checkbox"/> Long Term Care Case Manager |

A. APPLICANT SIGNATURE

or

B. ADVOCATE OR SPOKESPERSON COMPLETING FORM FOR APPLICANT *(please check one)*

- I certify that the information provided in this application is true and correct, based upon information given to me by the applicant.
- I certify that the information provided in this application is true and correct, based upon a designated service agency assessment of the applicant's health condition or disability, which restricts their use of regular transit service.†

Signature of Applicant

Date

Please send completed application to:

**HANDI TRANSIT SERVICE APPLICATIONS
900 RICHMOND AVENUE EAST
BRANDON, MANITOBA R7A 7M1**

Name

Signature

Facility or Program

Relationship to Applicant

Address

Daytime Phone Number



Section 2: Functional Assessment Form (To be completed by a medical professional)

All information collected is under the authority of the Manitoba Personal Health Information Act (PHIA) and is protected by the Protection of Privacy provisions of PHIA & FIPPA (The Freedom of Information and Protection of Privacy Act). All information provided in this form is confidential and solely for the use of Brandon Transit and its agents in determining eligibility for Handi Transit service as authorized by the City of Brandon.

I authorize the professional completing this form to release pertinent medical information to The City of Brandon, Handi Transit Services, about my disability or health condition as it relates to determining by eligibility for specialized transportation.

NAME OF APPLICANT (please print) _____

SIGNATURE OF APPLICANT OR GUARDIAN OR ADVOCATE FOR APPLICANT: _____

Signature

Printed Name of Guardian or Advocate (if applicable)

Name of your medical professional _____

Telephone _____

Physician

Physical Therapist

Certified Psychologist/Psychiatrist

Chiropractor

Occupational Therapist

Optometrist/Ophthalmologist

Registered Nurse

Social Worker

Long Term Care Case Manager

Brandon Handi Transit is a specialized public transportation service for persons with temporary or permanent physical or cognitive impairments who **cannot use** regular public transit service. Handi Transit is not a taxi service or to be used for medical emergencies. Shared-ride transportation is provided to passengers in the form of wheelchair lift-equipped buses, mini-vans and sedans. Vehicles are assigned according to the passenger's disability and availability of vehicles. All trips must be booked in advance. Although Handi Transit attempts to minimize travel time, passengers may have to ride on the vehicle for up to 30 minutes.

The purpose of this application is to provide sufficient information about the applicant to allow Handi Transit staff to assess if the applicant is eligible for Handi Transit services.

- Completing this application does not guarantee eligibility.
- All parts of this assessment must be completely filled out (in detail) and signed by a qualified medical professional (as specified above).
- Clearly describe the applicant's ability/inability to use regular Brandon Transit bus service and under what conditions.
- Any forms that are unclear, vague or incomplete will be returned.
- Charges for completing this form, (or for obtaining additional information) are the responsibility of the applicant.

Completed application forms should be mailed to:

HANDI TRANSIT SERVICE APPLICATIONS
900 RICHMOND AVENUE EAST
BRANDON, MANITOBA R7A 7M1



NAME OF APPLICANT _____

1. What is the health or disability condition(s), which prevent the applicant from using the regular transit system?

2. How does this condition affect the applicant's ability in the following general areas? (Check off each area as applicable)

	Permanent	Temporary*	Winter	Summer	Day	Night	Not at all
Walking/Mobility							
Endurance							
Vision							
Memory							
Perceptual							
Behaviors							
Cognition							
Personal Safety							
Other (explain)							

* If temporary, specify duration: 3 months 6 months 1 year Other

Explain:

3. Can the applicant use the regular Brandon Transit System at all?

NO YES If yes, when (please explain):



NAME OF APPLICANT _____

4. Please put a check (✓) in each box that pertains to the applicant. We need to know any and all devices that may be used by the applicant while using Handi Transit services. The information will be used by Handi Transit services to determine eligibility and trip method.

Is the applicant	YES	NO
Using portable oxygen		
Using a cane		
Using crutches <input type="checkbox"/> standard <input type="checkbox"/> arm clasp		
Using a walker <input type="checkbox"/> folding <input type="checkbox"/> non-folding		
Using a scooter		
Using a manual wheelchair <input type="checkbox"/> folding <input type="checkbox"/> non-folding		
Using a power wheelchair		
Using a Broda chair		
Using an oversized wheelchair (greater than 31 inches wide)		
If greater than 31 inches wide from outside wheel to outside wheel, please indicate all dimensions		
Using a guide or service dog (must attach photocopy of certification)		
Legally blind (attach photocopy of CNIB registration card)		
Using a leg prosthesis		
Other (please explain)		



5. Please respond to the following questions:

Is the applicant able to	YES	NO
Travel when there is snow and ice on the ground? (i.e. landmarks are hidden, uneven, slippery terrain)		
Safely cross the street?		
Plan a trip and travel alone outside the home?		
Understand written and printed material?		
Understand spoken word or auditory information?		
Ask for directions?		
Problem solve in unexpected circumstances?		
Read information signs and correctly identify the bus?		
See at night?		
Travel independently to the nearest bus stop?		
Wait at a bus stop while seated?		
Wait at a bus stop while standing?		
Climb up 3 steps, with handrail?		
Climb down 3 steps, with handrail?		
Board a low floor bus (bus without steps) independently, if there is a ramp at curb level and handrails?		
Safely enter and exit a four door sedan, independently?		
Independently recognize the destination?		
Travel without an attendant providing physical assistance; for example: pushing a wheelchair?		
Travel without an attendant providing cognitive assistance; for example: ensuring personal safety providing memory prompts?		
Walk three blocks without physical assistance or a mobility aid?		
Other Comments (please specify):		

6. Will the applicant require an attendant for behavioral or medical reasons when they are in the Handi Transit vehicle?

- YES NO

Please explain:

NOTE: Registrants displaying unacceptable behavior that affects other passengers and/or the driver will be required to ride with an attendant at all times. Mandatory Attendant designation is for clients who require supervision ON the vehicle, not at their destination or to help with parcels, etc.

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

- YES NO

Can the applicant be left alone at home?

- YES NO

If no, please explain:

NOTE: If the registrant cannot be left alone and no one is available when the vehicle arrives to receive the registrant, the registrant will have "mandatory attendant" status assigned by Handi Transit services and they will have to ride with someone at all times.

8. Is there any other information to add about the applicant's functional inability to use regular transit?

NOTE: Correct use of a securement safety system (mobility device) and seat belt assemblies (passenger) is mandatory and a condition of use when travelling on Handi Transit vehicles. All Handi Transit registrants are required to wear a seatbelt/shoulder strap, unless they have a medical exemption stating that they are unable to, due to health reasons. If this applicant is unable to wear a seatbelt/shoulder strap, please include a medical exemption with this application.

NAME OF APPLICANT _____

9. Did you complete any assessment or examination in order to determine this applicant's functional ability to take transit?

YES NO

Please explain:

Indicate who completed this Functional Assessment Form

(As selected from list of medical professionals on front page)

NAME (please print):

Signature

Date

RELATIONSHIP TO APPLICANT:

PROFESSIONAL QUALIFICATIONS:

ADDRESS:

PHONE NUMBER:

How long have you (or agency) been involved with the assessment of this person's health and physical condition? _____

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