Accessible Transit Application Form

Application_____
Receipt_____

PART I

Section 1 Applicant General Information

Name:_____

Email: _____ Phone: _____

Address:_____ Postal Code: _____

Do you live at an assisted living facility or building? Yes ☐ No ☐

If yes, Name of Building or Facility _____

Assisted Living Facility Address: _____

Section 2 Applicant Mobility Information

Do you use a medically prescribed mobility device to travel outside your home Yes ☐ No ☐

If yes, what type of mobility device/ aids do you use? (please indicate all that you use)

Guide Dog	☐	Assistant/Support Person to Accompany	☐
Walker	☐	Crutches	☐
Cane	☐	White Support Cane	☐
Manual Wheelchair	☐	Long Detection Cane (white)	☐
Scooter (type)	_____	Motorized wheelchair (type)	_____
Prosthesis (type)	_____	Other	_____

If you use a wheelchair, are you able to transfer from your wheelchair to a vehicle seat? Yes □ No □

If yes, under what circumstances?

With assistance from the driver or support person ☐
On my own, unassisted from standing position ☐
On my own, provided wheelchair is parked next to the seat while transferring ☐

Are you able to ascend/descend three (3) 35 cm steps?

Yes ☐
Yes, only with handrails ☐
Yes, only with assistance ☐
No ☐

28 McNamara Drive, Paradise, Newfoundland & Labrador, Canada A1L 0A6
T: 709.782.1400 • F: 709.782.3601 • E: info@paradise.ca • www.paradise.ca

Section 3 Applicant Declaration / Authorization for Release of Information

Advocate Information

Please provide the following information only if this form is being completed by someone on behalf of the applicant.

Advocate's Name: _____

Relationship to applicant: _____

Agency (if applicable): _____

Phone: _____ Email: _____

Privacy Notice

Collection of information on this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and the Personal Health Care Act, 2008.

Questions about the collection and use of the information may be directed to the Town of Paradise at (709) 782-6290 or info@paradise.ca.

Consent and Declaration

I _____ (Name of Applicant) hereby authorize _____ (Body Quest Professional's Name) to release to Town of Paradise, any information about my mobility and/or inability to use the conventional Metro bus service, which may be required to establish my eligibility as a user of the Accessible Transit Service.

I understand that information contained in this form will be shared with the Town of Paradise for the purpose of conducting a Transit Assessment. I acknowledge that information related to my usage of the Accessible Transit Program may be shared with governments or agencies responsible for the financial subsidization as it relates to Accessible Transit.

I give permission for myself, my advocate and/or my health care professional to be contacted if additional information or clarification is required to determine my eligibility to use the service.

I certify that to the best of my knowledge, the information on this application is true and correct. I understand that providing false or misleading information could result in my eligibility status being terminated. I understand that applying does not guarantee acceptance as a customer of the service.

Applicant Signature: _____ Date: _____

TOWN OF Paradise

PART II

Part II (the remainder of this form) is to be filled out and completed by a Body Quest, Nurse Practitioner. Contact Body Quest at (709) 782-1118 to arrange an assessment appointment, located at 1655 Topsail Road.

Name of Applicant: _____

The applicant qualifies for the Accessible Transit service under the following criteria:

Use of a medically prescribed wheelchair or scooter ☐
Unable to walk 175 meters outside without the aid of a medically prescribed mobility aide ☐
Unable to step up or down 35-centimeter steps unassisted ☐
Has 20/200 vision or less (legally blind) ☐
Unable to utilize conventional transit due to a cognitive disability ☐

The applicant's disability severity is:

Mild ☐
Moderate ☐
Severe ☐
Profound ☐
Temporary ☐ (expected duration _____ / _____ / _____ YYYY/MM/DD)
Permanent ☐ (unlikely to change in lifetime)

The applicant requires the use of a medically prescribed mobility device:

Yes ☐ No ☐

If yes, please indicate all mobility devices the client is prescribed to use:

Guide Dog ☐ Assistant/Support Person to Accompany ☐
Walker ☐ Crutches ☐
Cane ☐ White Support Cane ☐
Manual Wheelchair ☐ Long Detection Cane (white) ☐
Scooter (type) _____ Motorized wheelchair (type) _____
Prosthesis (type) _____ Other _____

The applicant is physically able to walk a distance of 175 m (600 ft) without the aid of a medically prescribed mobility device:

Yes ☐ No ☐

The applicant is legally blind (20/200 vision or less)

Yes ☐ No ☐

Does the applicant have the cognitive ability to use conventional transit?
(i.e., This is an impairment other than being unfamiliar with the transit system)

Yes ☐ No ☐

Describe the disability or health condition(s) which prevent the applicant from using the regular public transit.

_____

_____

_____

_____

Describe the reason the applicant does not qualify for the Accessible Transit service.

_____

A Personal Care Attendant is a care provider required to always accompany and provide special assistance for the applicant while travelling on accessible transit.
They ensure the safety and well- being of the applicant.

Does this applicant require an attendant while travelling on accessible transit service?

Yes ☐ No ☐

Body Quest Professional Information

I am a Body Quest:
Physician ☐
Nurse Practitioner ☐

The Town of Paradise reserves the right to call and clarify any and all information provided or ask for additional information as it relates to the application process. In accordance with the eligibility criteria, I hereby certify that the above information is true and that I have personally filled out all of Section II.

Professional's Name (please print): _____

Telephone: _____

Professional's Licence #: _____

Professional's Signature: _____

Date: _____

28 McNamara Drive, Paradise, Newfoundland & Labrador, Canada A1L 0A6
T: 709.782.1400 • F: 709.782.3601 • E: info@paradise.ca • www.paradise.ca