



Administration Use Only

Client ID# _____

Authorized By _____

Date _____

Permanent Temporary Seasonal Conditional

ACCESS-A-BUS APPLICATION FORM

www.halifax.ca

Access-A-Bus is a division of Halifax Transit which is owned and operated by the Halifax Regional Municipality. Funding for Access-A-Bus is provided by the Halifax Regional Municipality and riders fares.

Access-A-Bus is a shared ride bus service for individuals who are unable to use Halifax Transit due to a mobility impairment or cognitive disability. Access-A-Bus is not intended for persons who have at times experienced difficulty in using Halifax Transit's fixed route service. It is also not meant to replace Halifax Transit's fixed route service when the fixed-route service is limited, not operating or not convenient.

Eligibility is not based on age, income or the availability of others to travel with the applicant on regular fixed route transit. Any individual who is unable to use Halifax Transit service, due to a cognitive or functional disability, may apply to use the Access-A-Bus service. Eligibility is established by comparing the client's real needs with the capacities of the Access-A-Bus service. Each application will be considered by reference to the Eligibility Criteria, Restriction Criteria and Parts A, B and C of the application. In addition to providing information in the application forms, the applicant may be required to attend a personal interview.

Eligibility Criteria for use of Access-A-Bus

A person may qualify for the Access-A-Bus service for the following reasons:

- Requires the use of a medically prescribed wheelchair or scooter
- Unable to step up or down three (3) – 35 centimeter steps unassisted
- Unable to walk more than 175 meters outside without the aid of a medically prescribed mobility aid or without assistance (1 city block)
- Has 20/200 vision or less (legally blind)
- Unable to utilize conventional transit due to a cognitive disability

Restriction Criteria for use of Access-A-Bus

- Wheelchairs and/or scooters must weigh no more than 800 pounds (364 kgs) when occupied or be no larger than 32 inches wide or 45 inches long, including attachments and baggage

THE APPLICATION PROCESS

Halifax Transit must have all required information before it can rule on the eligibility of the applicant and grant the appropriate level of approval. Please note that incomplete forms will be returned to the applicant or applicant's agent, thereby delaying the application process. **Any fees associated with the completion of this form or any other additional information are the responsibility of the Applicant.**

If a false declaration is made, eligibility will be refused or withdrawn. The information provided on this form is confidential and for the exclusive use of Halifax Transit files and for the application process.

Part A - Declaration - to be completed by the applicant or an agent of the applicant, if the applicant is unable to complete or understand the Declaration.

Part B - Access-A-Bus Application - to be completed by the applicant or an agent of the applicant, if the applicant is unable to complete the Application Form.

Part C - Professional Declaration - to be completed by the applicant's Attending Professional Care Provider (Physician, Nurse Practitioner, Occupational Therapist, Physiotherapist).

Completion of this application does not guarantee that an applicant is eligible to use the Access-A-Bus service. Please note that while Halifax Transit attempts to provide service to as many registered clients as possible, not all trips may be accommodated due to budget constraints and an increasing demand for service.

Please return original completed application to:

**Halifax Regional Municipality
Halifax Transit
Attn: Access-A-Bus Registration
200 Ilesley Avenue
Dartmouth Nova Scotia B3B 1V1
Telephone (902) 490-6681 Fax (902) 490-6952**

If faxing application, please mail original copy to above address. Halifax Transit is not responsible for items lost in the mail.

PART A DECLARATION

I _____ understand and agree to the requirements of Access-A-Bus **(Applicant Name - Please Print)** service and by signing below agree with the following: I understand the Eligibility Criteria and believe I qualify for Access-A-Bus service.

I have read the Access-A-Bus Users' Guide and agree to follow the rules and regulations of the Access-A-Bus service.

I understand that applying for Access-A-Bus service does not guarantee acceptance as a user of the Access-A-Bus service.

The availability of Access-A-Bus transportation at any given time or place is subject to service demands. I understand that if I am approved as a user of the Access-A-Bus service, making a request for transportation does not necessarily mean that such transportation will be available for the time and place requested. Periods of heightened service demands may result in the temporary unavailability of the Access-A-Bus service, and the need to reschedule transportation to another time.

If I move, or my medical condition changes, I will notify Access-A-Bus of these changes. I am aware that these changes may impact the service I receive from Access-A-Bus.

My wheelchair and/or scooter may be assessed for Access-A-Bus service / Low Floor Bus service, and when I change my wheelchair and/or scooter, I will notify Access-A-Bus of this change.

Authorization for Release of Information

I _____ hereby authorize _____
(Name of Applicant) **(Professional's name, same name as on Page 8)**

to release to Halifax Regional Municipality, Halifax Transit, any information with regard to my mobility and/or inability to use the conventional Metro Transit bus service, which may be required to establish my eligibility as a user of the Access-A-Bus Service.

Signature : _____ Date : _____
(Signature of Applicant)

OR

Signature : _____ Date : _____
(Signature of Agent, if Applicant is unable to Sign)

PART B

ACCESS-A-BUS APPLICATION

(To be completed by the applicant or applicant's agent)

NAME _____
(First) (Last) (Middle)

ADDRESS _____
(Civic Address) (Apt.#)

(City) (Postal Code)

PHONE NUMBERS _____
(Home Phone #) (Work Phone #) (Cell Phone #)

If this is an assisted living facility or building, name of building or facility

-
- I am applying for Access-A-Bus service for the first time
 - I am applying for an extension of my Access-A-Bus service

Is the above address your mailing address? Yes No

If no, please provide your mailing address

Address _____
(Mailing Address) (Apt #)

(City) (Postal Code)

MOBILITY

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

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

- | | |
|--|---|
| <input type="checkbox"/> Assistant | <input type="checkbox"/> White Support Cane |
| <input type="checkbox"/> Guide Dog | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Long Detection Cane (White) | <input type="checkbox"/> Cane |
| <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Crutches |
| <input type="checkbox"/> Motorized wheelchair – specify type _____ | |
| <input type="checkbox"/> Scooter – specify type _____ | |
| <input type="checkbox"/> Other (i.e prosthesis) specify _____ | |

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

If yes, under what circumstances

- With assistance from the driver
- On my own
- Provided my wheelchair is parked next to the seat while transferring

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

- Yes With Handrails
- No With Assistance

Are you able to be left unattended at your residence?

- Yes
- No

If no, in the event that there is no one to receive you at your residence, your emergency contact information will be used.

MOBILITY

Do you presently use the regular transit system for some of your trips?

Yes – for how many trips per month

No – why not

What conditions prevent you from using public transit?

Would you benefit from Public Transit Training which could allow you to use public transit for some of your trips?

Yes (Please contact 490-6681 to make arrangements for Public Transit Training)

No – why not

Please provide whatever additional information you believe may be relevant to this application

Emergency Information

This information is used only in case of emergency. Please keep Metro Transit advised of any changes to this information.

Emergency Contact _____
(Name) (Phone #1) (Phone #2)

(Address) (Relationship)

Please list any medical information that Halifax Transit should know in the event of an emergency
Medical Conditions

Do you have any medical conditions that would pose a health risk to the bus operator or other passengers Yes No

PART C

ACCESS-A-BUS APPLICATION

(To be completed by Physician, Nurse Practitioner, Occupational Therapist or Physiotherapist)

The purpose of this application is to provide sufficient information about the applicant to allow Access-A-Bus staff to assess if the applicant is eligible for Access-A-Bus services and under what conditions. This section must be completed by a qualified health care provider familiar with the applicant's disability.

Any fees associated with the completion of this form are the responsibility of the Applicant.

Name of Applicant _____ (First) _____ (Last) _____ (Initial)

The applicant qualifies for Access-A-Bus 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 applicant's 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

- Assistant
- Guide Dog
- Long Detection Cane (white)
- Manual Wheelchair
- Motorized Wheelchair – Specify type _____
- Scooter – Specify type _____
- Other (prosthesis) _____
- White Support Cane
- Walker
- Cane
- Crutches

PART C (Continued)

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 Yes No
(this is an impairment other than being unfamiliar with the transit system)

Clearly describe the disability or health condition(s) which prevent the applicant from using the regular transit

Applicants requiring attendants

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

Does this applicant require an attendant while travelling on all Access-A-Bus trips?

Yes No

I am a Physician Nurse Practitioner
 Occupational Therapist Physiotherapist

Halifax Transit 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 C. (Pages 7 and 8)

Professional’s Signature _____ Date _____

Professional’s Name (Please Print) _____ Telephone _____

Professional’s Licence # _____

Print

Save As