



Handibus

St. Albert Transit Handibus Application Form

Handibus is a section of St. Albert Transit that provides specialized, accessible, to-the-door transit services on a shared-ride basis for individuals with physical or cognitive impairments who are unable to make use of conventional fixed-route St. Albert Transit services.

In order to ensure that Handibus resources are properly and effectively dedicated to the individuals it is intended to serve, it is necessary that applicants are carefully assessed to confirm that they are unable to utilize conventional, fixed-route transit.

For assistance or questions regarding eligibility, please call St. Albert Transit Handibus at (780) 418-6060.

How To Apply For Handibus Service:

1. Fill out Part A of this application.
2. Take or send the application (Parts A and B) to your health care professional to have Part B completed. Both Part A and Part B must be completed in order for your application to be considered.
3. Return the completed application (Parts A and B) to:
St. Albert Transit Handibus Registration
235 Carnegie Drive | St. Albert, AB T8N 5A7
or Fax to: (780) 459-4050

With permission from the applicant, the Health Care Professional who verifies this form can also forward this application to the address above. Failure to completely fill out the application will delay the application process.

St. Albert Transit Handibus will notify you of your eligibility. If we require additional information, you may be requested to come in for an interview to provide us with more information about your disability and how it affects your use of St. Albert Transit's accessible fixed-route transit services.

If you have not been notified within 30 days of submitting your application, please contact our office at (780) 418-6060.

The personal information in this form is collected under the authority of Section 33 (c) of the Freedom of Information and Protection of Privacy Act and will be used by St. Albert Transit for processing of this form and to determine eligibility for the Handibus service. The data is protected from unauthorized use and/or disclosure by the privacy provisions of the FOIP Act. If you have any questions about the collection, contact the FOIP Coordinator at 780-459-1500.

Part A:

Personal Information To Be Completed By The Applicant

PLEASE PRINT CLEARLY

APPLICANT INFORMATION

Name _____
Last First Middle

Address _____
Apt Bldg No . Street

Name of Care Facility (If applicable)

City Prov. Postal Code

Phone () ()
Daytime Evening

Cell Phone () TTY/TDD Number ()
Telecommunications Relay Service

Date of Birth: / / Email
YYYY MM DD

EMERGENCY CONTACT INFORMATION

List two people we can contact in case of an emergency (family, friend, neighbour, caregiver):

Primary Contact Name _____

Phone () ()
Home Cell

Relationship _____ Email _____

Secondary Contact Name _____

Phone () ()
Home Cell

Relationship _____ Email _____

1. Have you travelled **independently** or **with an assistant**, on a regular transit bus in the past 2 years?

- ☐ Yes ☐ No

Please explain either answer: _____

2. Check **one** box that best describes your ability to get to and from a bus stop.

- ☐ I can always get to and from a bus stop.
- ☐ I can get to and from a bus stop **only if** (check all that apply):
- ☐ I have an attendant with me.
 - ☐ The bus stop is within _____ metres of my location.
 - ☐ I receive training or orientation for the stops I use.
 - ☐ There are sidewalks available.
 - ☐ The sidewalks have curb cuts.
 - ☐ The ground is level or only slightly inclined.
 - ☐ The path is free of ice, snow, or debris.
 - ☐ I can never get to and from a bus stop (please explain): _____

3. Check **one** box that best describes your ability to wait outside at a bus stop.

- ☐ I can generally wait outside at a bus stop and recognize my bus.
- ☐ I can wait outside at a bus stop only if (check all that apply):
- ☐ I have an attendant with me.
 - ☐ There is a bench.
 - ☐ There is a shelter.
 - ☐ The wait is no longer than _____ minutes.
 - ☐ Other: _____

- ☐ I cannot wait outside at a bus stop (please explain): _____

4. Will you use any of the following when you ride Handibus? (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Manual wheelchair | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Guide dog/Service dog | <input type="checkbox"/> Communications board |
| <input type="checkbox"/> Powered wheelchair | <input type="checkbox"/> Hearing aid |
| <input type="checkbox"/> Cane | <input type="checkbox"/> Crutches |
| <input type="checkbox"/> Oxygen tank | <input type="checkbox"/> Leg braces |
| <input type="checkbox"/> White cane | <input type="checkbox"/> Interpreter/intervenor |
| <input type="checkbox"/> Powered scooter | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Prosthesis | _____ |

All mobility aids must be kept in good repair at all times or they cannot be accommodated on Handibus. If Handibus operators cannot properly secure your mobility aid, the operator will use their discretion in determining the passenger's safety and may not be able to provide you with service. The maximum base dimensions of mobility aid equipment are 30 x 48 inches (76 x 122 cm). Equipment larger than this cannot be accommodated. The combined weight of the equipment and passenger cannot exceed 750 lbs (340 kg).

5. Location recognition - Check **one** box that best describes your ability to recognize your destination and your home (check all that apply):

- ☐ I can independently recognize my destination and leave the vehicle.
- ☐ I cannot independently recognize my destination and leave the vehicle.
- ☐ I can recognize my destination and leave the vehicle **only if** (check all that apply):
- ☐ I have an attendant with me.
 - ☐ The driver announces my stop.
 - ☐ I receive travel training.
 - ☐ Other: _____

6. If you use mobility aid equipment, can you transfer to a four-door sedan automobile without assistance?

- ☐ Yes ☐ No ☐ Sometimes

7. If approved for Handibus service, when do you require the service?

- ☐ Winter (Approx. Oct. - Apr.)
- ☐ Summer (Approx. May - Sept.)
- ☐ Year round

If temporary, specify duration: _____

8. Overall, how does your disability affect your use of regular fixed-route transit service provided by St. Albert Transit? (Please provide any additional information)

9. Do you require a mandatory attendant when riding the Handibus?

☐ Yes ☐ No

Handibus drivers must concentrate on the safe operation of their vehicles and cannot supervise those who require constant and frequent attention for medical or behavioral reasons. Registrants requiring attention of this nature, or who display behavior unacceptable to other passengers, will be required to Ride with an attendant at all times. If you require a mandatory attendant, Handibus will only provide service when an attendant, provided by you, is travelling with you at all times.

10. Can you be left alone at your destination?

☐ Yes ☐ No

11. Can you be left alone at home?

☐ Yes ☐ No

If you answered **NO** to either question(s), please explain:

Please provide an alternative drop-off address and contact person in close proximity to your home, in the event that you cannot be dropped off at your home.

Name

Last

First

Address

Apt

Bldg No .

Street

City

Prov.

Postal Code

Phone (

) (

)

Cell

Relationship

If the registrant cannot be left alone, and no one is available to receive him/her when the vehicle arrives, the registrant will be assigned a mandatory attendant status and will have to travel with an attendant at all times.

Handibus drivers will provide assistance to and from the first set of accessible doors to the building and with the securing of mobility aids and seatbelts. Operators will not lift equipment or passengers, or lift or push passengers up stairs or sharp slopes, or across grass, gravel, or other uneven or soft terrain. Operators can provide assistance in loading and unloading within reasonable limits and at their own discretion.

I hereby certify that to the best of my knowledge, the information given above is accurate and I authorize the health care professional named in Part B to provide information to St. Albert Transit Handibus. If St. Albert Transit Handibus receives new information regarding a change in my functional ability, my eligibility status may be reviewed and changed.

Signature of Applicant _____ Date _____ / _____ / _____
YYY Y MM DD

If you are not the applicant, but have completed this application on the applicant's behalf, you must provide the following information:

Name _____
Last First

Address _____
Apt Bldg No . Street

City Prov. Postal Code

Phone () ()
Daytime Cell

Relationship to Applicant _____

I certify to the best of my knowledge the information given above is accurate.

Signature _____ Date _____ / _____ / _____
YYY Y MM DD

When you have completed Part A, take or mail Parts A and B to your health care professional.

When both parts are completed, mail or drop off to St. Albert Transit Handibus Registration at:

**235 Carnegie Drive
St. Albert AB T8N 5A7**

or fax to (780) 459-4050

PLEASE PRINT CLEARLY

For assistance or questions regarding eligibility, please call St. Albert Transit Handibus at (780) 418-6060.

6. Does the applicant require an attendant when riding the Handibus? ☐ Yes ☐ No

Handibus drivers must concentrate on the safe operation of their vehicles and cannot supervise those who require constant and frequent attention for medical or behavioral reasons. Registrants requiring attention of this nature, or who display behavior unacceptable to other passengers, will be required to ride with an attendant at all times. If the applicant requires a mandatory attendant, Handibus will only provide service when an attendant travels with the applicant at all times.

7. Can the applicant be left alone at his/her destination? ☐ Yes ☐ No

8. Can the applicant be left alone at home? ☐ Yes ☐ No

9. Are there any additional health concerns (i.e. behavioural, aggression, seizure) that St. Albert Transit Handibus should be made aware of?

I hereby certify that the information included in this assessment is accurate and a true reflection of the applicant's ability to use regular fixed-route public transit.

Signature _____

Date ____/____/____
YYYY MM DD

Name/Stamp _____

STAMP

Address _____

Unit and Bldg No .

Street

City

Prov.

Postal Code

Phone ()

License/Certification No:

- Professional designation: ☐ Licensed Physician ☐ Nurse
☐ Licensed Physical Therapist ☐ Licensed Optometrist
☐ Certified Rehabilitation Specialist ☐ Certified Psychologist
☐ Registered Occupational Therapist ☐ Other: _____

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