



.....Wherever Life Takes You

PART A - APPLICATION FOR SPECIALIZED TRANSIT SERVICES

This form is for use by persons who wish to apply for London's Specialized Transit Service. Individuals with disabilities, which prevent them, on a regular basis, from being able to use London's regular, fixed-route transit service, may be eligible for some form of specialized transit service.

The information obtained in this certification process will be used by London Transit only to assess the applicant's eligibility for some form of specialized transit service. All information contained in this application will be kept confidential.

If you have any questions or need assistance to complete this application form, please call Customer Service at 451-1347 and a customer service representative will assist you.

SPECIALIZED TRANSIT SERVICES

London Transit's specialized transit service encompasses a range of service delivery options designed to meet the range of needs of the citizens of London who have a disability which prevents them, on a regular basis, from being able to use London's regular, fixed route transit service. The current/planned delivery options are described in more detail below:

- ◆ **Community Bus** an accessible fixed-route service that connects community origins and destinations, such as seniors homes, community centres, medical centres and shopping malls. The service is typically provided with a smaller accessible bus, where passengers can request the driver to deviate from the standard route in order to take them to a desired destination.
- ◆ **Trip Planning** provides participants with the necessary knowledge for making use of the accessible fixed-route services. Included in the information session is planning an accessible fixed route trip, reading related schedules, recognizing bus numbers and stops, boarding and de-boarding accessible conventional buses, and safety.
- ◆ **Workshop and Medical Shuttles** provide dedicated van trips for passengers that require a higher level of service, which circulate to pick up passengers from locations such as sheltered workshops or dialysis and drop them off at their destination.
- ◆ **Travel Training** provides a higher level of support offered to people, often with cognitive disabilities, who need more rigorous support to learn to use regular fixed-route transit to complete their daily travel.
- ◆ **Paratransit** a shared ride, door to door service for passengers that require a lift-equipped vehicle for travel. Trips are not guaranteed and the service is operated in accordance with policy and procedures as reviewed and amended from time to time.

ELIGIBILITY

Eligibility for the above mentioned services will be determined based upon, in part, the responses in parts C and D of this Application. Eligibility will not be based upon the following:

- ◆ The applicant's travel requirements as set out in part B of this application
- ◆ The age of the applicant
- ◆ The income of the applicant

The above mentioned services are not intended:

- ◆ To replace a person's private automobile
- ◆ To replace London's fixed-route service when the fixed-route service is limited, not operating, or not convenient.

As you complete this application form, please keep in mind that you may currently be able to use London's regular transit service for at least some of your trips. Many of London's fixed-routes use wheelchair accessible buses and have equipment (including ramps and other devices) to assist individuals with disabilities. London's regular transit bus operators have all received special training on how to assist persons with disabilities. For further information on the accessibility of London's regular transit service, please call 451-1347, or see our web site at www.londontransit.ca.

HOW TO APPLY FOR SPECIALIZED TRANSIT SERVICES

The London Transit's specialized transit services provide transportation for persons with a disability who are or may be unable to use London's regular fixed-route bus service for some or all of their trip requirements. In applying for the specialized transit services, you must:

1. **Read Part A of this application**
2. **Fill out Parts B and C of this application.**
3. **Have your health care professional review parts B and C and then complete Part D.**

Failure to completely fill out parts B, C and D of the application will delay the application process.

The application will be assessed by London Transit's health care professional. You may be requested for additional information, participate in interview, (by phone or in person) and/or a functional assessment. London Transit's health care professional will advise accordingly.

If you are denied eligibility, you will have the right to appeal. For information on the appeals process please call 451-1340 Ext. 381.

The completed application (all parts) are to be returned to:

**London Transit Commission
450 Highbury Avenue North,
London, Ontario
N5W 5L2 Attention: Specialized Transit Services**

For Office Use Only

Registration I.D. #: _____

Eligibility: _____

**PART B - APPLICANT INFORMATION AND TRAVEL REQUIREMENTS
APPLICANT TO COMPLETE**

APPLICANT INFORMATION: (PLEASE TYPE OR PRINT CLEARLY)

1. Name: _____
(Last) (First) (Middle)

2. Address: _____
(Number) (Street) (Apt)

(City) (Postal Code)
3. Daytime Phone: () _____ Evening Phone: () _____
TTY Number: () _____

4. In case of an emergency, please indicate the name and number of someone in the local area who should be notified (family, friend, neighbour, case worker, etc.)?

Name: _____

Telephone Number(s): () _____

5. Travel Requirements:

This section is intended to gather information regarding the regular travel patterns of the applicant. The information contained in this part (part B) of the form, will not be used to determine eligibility, but rather to assist with service planning, that is to match service need with appropriate service options.

Please indicate, by marking an X in the appropriate squares, the days of the week, and time of day you will require recurring transportation. (ie to/from work, therapy, school etc.)

Time	Mon	Tue	Wed	Thu	Fri	Sat	Sun
8:00am – 10:00am							
10:00am – 12:00pm							
12:00pm – 2:00pm							
2:00pm – 4:00pm							
4:00pm – 6:00pm							
6:00pm – 8:00pm							
8:00pm – 11:00pm							

Please indicate principle reason for the recurring trips indicated in the table above.

- Medical appointments
- Outpatient/Rehabilitation Therapy
- Workshops / Day programs
- Employment
- School / Training
- Other _____

APPLICANT DECLARATION

I hereby certify that to the best of my knowledge, the information given above is correct. I authorize the release of medical information to the London Transit Commission and the Commission's health care authority. I consent to having the Commission's health care authority discuss the contents of my application and eligibility for specialized transit services with the health care professional that completed part D of this application.

Signature of Applicant or Designate _____ Date _____

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

Your name _____

Address _____

Daytime Phone Number (____) _____

Relationship to applicant _____

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

Signed _____ Date _____

Please attach any additional information that would be helpful when considering your application, such as information from your family, caregiver, support workers or service providers.

PART C APPLICANT SELF-EVALUATION - APPLICANT TO COMPLETE

1. Please describe how your disability affects your ability to use London’s regular fixed-route service.

2. Regarding fixed route transit service – bus stops – please check one box only:

- 2. A. I can usually get to and from a regular transit bus stop.
- 2. B. I can get to and from a regular transit bus stop **only if** (circle all that apply and fill in the blanks as required):
 - 1. I have an attendant with me
 - 2. I need to travel less than an average city block
 - 3. I receive travel training (see section A for explanation) for the stops I use
 - 4. The path is free of ice and snow
 - 5. Other _____

2. C. I can never get to and from a regular transit bus stop. (Please explain why)

3. Regarding fixed route transit service – transit buses –please check one box only:

- 3. A. I can usually get on and off a London Transit regular transit bus.
- 3. B. I can get on and off a London Transit regular transit bus **only if** (circle all that apply):
 - 1. The bus has a wheelchair lift or ramp
 - 2. I have an attendant with me
 - 3. Other _____

3. C. I can never get on or off a London Transit regular transit bus. (Please explain why)

4. Regarding fixed route transit service – transit service – Please check one box only:

4. A. I can usually ride on a London Transit bus operating on a regular fixed route.
4. B. I can ride on a London Transit bus operating on a regular fixed-route **only if** (circle all that apply):
1. I have an attendant with me
 2. I have received travel training
 3. Every bus on my route is accessible
 4. A seat is available
 5. The driver announces my stop
 6. Other _____
4. C. I cannot ride on a London Transit bus operating on a regular fixed-route. (please explain why)
- _____
- _____
- _____

5. Will you require a Personal Care Attendant to be with you every time you use specialized transit services? If the answer is yes, London Transit will only provide service when an attendant is traveling with you.

Yes No

6. Please check the item(s) that you will usually have with you when you ride on specialized transit?

- | | |
|---|---|
| <input type="checkbox"/> Manual wheelchair | <input type="checkbox"/> Service animal |
| <input type="checkbox"/> Powered wheelchair | <input type="checkbox"/> Cane |
| <input type="checkbox"/> Powered scooter | <input type="checkbox"/> White cane |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Oxygen bottle |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> Other _____ |

Your answer to the above question will ensure that appropriate specialized transit service is provided.

The REQUEST FOR PROFESSIONAL CERTIFICATION (Part D attached) must be filled out by an appropriate health care professional.

WHO CAN CERTIFY

If your disability prevents you from using London's regular fixed-route service, one of the following health care professionals, ***as appropriate to your case***, may complete part D of this application form.

- | | |
|---|--|
| <input type="checkbox"/> Licensed physician | <input type="checkbox"/> Registered occupational therapist |
| <input type="checkbox"/> Licensed physical therapist | <input type="checkbox"/> Certified psychologist/psychiatrist |
| <input type="checkbox"/> Licensed optometrist/ophthalmologist/eye physician | |

PART D PROFESSIONAL CERTIFICATION - TO BE COMPLETED BY A HEALTH CARE PROFESSIONAL

You are being asked by the applicant named in Parts B and C to provide information regarding his/her ability to use London's fixed-route transit services.

Please review Part A of the application form to understand the intent of London's specialized transit services.

The information you provide will allow us to evaluate the request and to provide the appropriate service. Thank you for your co-operation in this matter. If you have any questions, you may call London Transit at 451-1340 extension 381.

1. **I have read Parts A through C in their entirety.** Yes No
Please describe in detail how the applicant's disability affects their ability to use London's regular fixed-route service.

2. **It is my professional opinion that the applicant has a disability that:**
(Check the **one box** that best explains the difficulty the applicant has in using London's regular transit fixed-route service.)

- Prevents them from using London's regular fixed route service in the winter only.
 Prevents them from using London's regular fixed-route service.
 Prevents them from using London's regular fixed route service unless an attendant accompanies them.
 Other: (Please explain)

3. **If the applicant qualifies for Specialized Transit Services, it is my professional opinion that they will require the service for:**

- Less than 3 months (indicate length of time service is required) _____
 3 months
 6 months
 1 year
 3 years or more
 Seasonal specific
 Other _____

4. In the following table, please fill in any relevant information on the applicant's impairments that affect his/her ability to travel to a bus stop, climb on/off a bus, and travel on a bus. Please be as specific as possible (i.e. exact impairment, abilities etc.)

Impairment/ Diagnosis	Date of Onset	Previous Treatment	Current Treatment	Possible or Planned Future Treatment
Example <i>OA Left Hip</i>	July 1999	Physio	Arthrotec	Total hip replacement
<u>Orthopaedic</u>				
<u>Neurological</u>				
<u>Cardiopulmonary</u>				
<u>Cognitive</u>				
<u>Sensory/Perceptive</u>				
<u>Psychological</u>				
<u>Other</u>				

Signature of Health Care Professional

Date

Print Name

Profession

Street Address

City

Province

Postal Code

Telephone Number () _____

THANK YOU FOR YOUR ASSISTANCE