APPLICATION FOR HANDI-TRANSIT SERVICE

INSTRUCTIONS FOR APPLICATION

1. This application form is to be completed by the applicant (with assistance if required). **Complete all questions**. You are not required to take this form to a health care provider.

2. Applications must be signed, fully complete, clear and legible or it will be returned to you by mail. This will result in a delay of the application process.

3. **You must meet one of the following criteria to be eligible for Handi-Transit:**
   - Unable to walk 175 metres (575 feet) outside:
     - At all times
     - During winter months
     - Temporarily.
   - Has 20/200 vision or less in both eyes, or a visual field of less than 20 degrees in both eyes (legally blind) that is not corrected by the use of lenses.
   - Has Alzheimer's Disease or Related Dementia (ADRD) which interferes with ability to use the regular fixed route transit system with an equivalent level of independence and safety.
   - Dialysis treatment - for trips to and from dialysis treatment only.

4. Most individuals are required to attend an individualized assessment to review one or more of the following when applicable:
   - Eligibility for service
   - The ability to safely travel independently
   - To ensure that your mobility equipment can be safely secured and meets the Handi-Transit requirements for transportation.
   - Vehicle access
   - Additional service delivery needs

5. Completing this application form or attending an assessment does not guarantee eligibility for Handi-Transit.

6. If you have any questions regarding this application form, you may call the Handi-Transit Contact Centre at 204-986-5722. Completed forms may be faxed to 204-986-6555 or mailed to: **Handi-Transit, Unit B-414 Osborne Street, Winnipeg, MB R3L 2A1**.

APPLICATION FOR HANDI-TRANSIT

(Please print)

Are you a Current or Past user of Handi-Transit? **Yes** ☐ **No** ☐

If yes, what is (was) your registration number?_____ ☐ # unknown

Mr. ☐ Mrs. ☐ Ms. ☐ Name:_____
(First) (Middle) (Last)

Mailing Address:_____
(Apt) (Street Number) (Street) (City/Town) (Postal Code)

Phone:_____
(Home) (Business) (Other)

Date of Birth: _____ Email: _____
Month (written) Day Year

Send Mail To: ☐ The address above ☐ Contact below ☐ Emergency contact

More information may be required. Who should we contact for more information?

☐ **Contact me** ☐ **Contact below** ☐ **Emergency contact**

Name: _____Relationship:_____

Address: _____
(Apt) (Street Number) (Street) (City/Town) (Postal Code)

Phone: _____
(Home) (Work) (Other)

Emergency Contact: Please list someone who we can contact in case of emergency.

Name: _____Relationship:_____

Address: _____
(Apt) (Street Number) (Street) (City/Town) (Postal Code)

Phone: _____
(Home) (Work) (Other)

1. Handi-Transit registrants must meet at least one of the following eligibility criteria. **Which of the following eligibility criteria are you applying under for Handi-Transit? Please check all that apply.**

☐ Unable to walk 175 metres (575 feet) outside

☐ Has 20/200 vision or less in both eyes, or a visual field of less than 20 degrees in both eyes (legally blind) that is not corrected by the use of lenses.

☐ Has Alzheimer's Disease or Related Dementia (ADRD) which interferes with ability to use the regular fixed route transit system with an equivalent level of independence and safety.

☐ Dialysis treatment - for trips to and from dialysis treatment only.

Please explain _____

_____

_____

2. How many minutes can you walk, if applicable, before you need to rest? _____

_____

3. Please list the condition(s) and the symptom(s) that impact your mobility.

Name of Condition(s) or Symptom(s) Example: Upcoming hip surgery / Stroke / Knee replacement	**Date** Example: Date Unknown or February 1994

4. How do you get around the city now?

☐ Drive Self
☐ Family or friends drive me
☐ Winnipeg Transit buses
☐ Private (eg. Assisted living, program bus)
☐ Taxis
☐ Other: _____

5. Do you receive transportation or funding for transportation from any of the following sources?

☐ Manitoba Public Insurance ☐ Worker's Compensation Board ☐ School Division K-12
☐ Veterans Affairs Canada ☐ Adult Day Program ☐ Other:_____

6. Do you use Winnipeg Transit's regular bus service? ☐ **Yes** ☐ **No**

a. If yes, how often? (e.g. daily, weekly, monthly) _____

b. If not, why?_____

7. Legally Blind Criteria Only:

If you are not applying under this category, please continue to question #8.

Handi-Transit requires that you provide your CNIB registration number OR that the section below must be completed by your optometrist, ophthalmologist or neuroophthalmologist.

CNIB Registration Number: _____

OR

To be completed by optometrist, ophthalmologist or neuroophthalmologist (Please print):

I, _____ certify that

Mr /Mrs /Ms _____ has 20/200 vision or less in both eyes OR a visual field of less than 20 degrees in both eyes, both of which are not corrected by the use of lenses.

Please provide the most recent visual acuity and/or field for each eye:

Right _____ **Left** _____

Signature of Optometrist/Ophthalmologist: _____

Date completed: _____ Phone#: _____

Address: _____

8. Which mobility aid(s) do you use when travelling in the community? (check all that apply)

☐ **None** ☐ **Cane** ☐ **Crutches**

☐ **Walker** ☐ folding ☐ not folding ☐ with seat ☐ with skis ☐ 2 wheels ☐ 4 wheels

☐ **Manual Wheelchair** ☐ folding ☐ not folding ☐ elevating leg rests ☐ tilt/recline

☐ **Power Wheelchair** ☐ tilt/recline ☐ elevating leg rests

☐ **Power Scooter** ☐ 3 wheels ☐ 4 wheels

☐ **Oxygen** Number of tanks: _____ How do you carry your tanks? _____

☐ **Other** (Examples: Ventilator or communication device): _____

9. Which mobility aid do you use most frequently? _____

10. Please provide your current height and weight: Height____ ft/m Weight _____ lbs/kg

11. Please complete chart below if applicable.

	Make	Model	Overall Width in inches	Overall Length in inches	Does your wheelchair have tie down brackets?	Where is your wheelchair from? (i.e. SMD, Supplier)	Can we contact provider about tie-downs & brackets?
Manual Wheelchair					☐ Yes ☐ No		☐ Yes ☐ No
Power Wheelchair					☐ Yes ☐ No		☐ Yes ☐ No
Scooter					☐ Yes ☐ No		☐ Yes ☐ No
Walker							

Note: *To measure length - longest point to longest point. To measure width - outside hand rim to other hand rim. Not the seat.*

12. Can you transfer independently from your wheelchair or scooter to the seat of a vehicle? Please note, passengers must transfer from a pedestal seat to a vehicle seat.
☐ **Yes** ☐ **No**

13. When you go into the community, can you travel alone? ☐ **Yes** ☐ **No**

Please explain: _____

_____

14. Please check your pick up location:

- ☐ House /Mobile Home /Duplex
- ☐ Apartment /Townhouse /Condo /Assisted Living
- ☐ Long term care facility /Personal Care Home
- ☐ Hospital
- ☐ Other (please describe) _____

15. Please provide address of pick up location (if different than mailing address listed on first page)

Note: Address must be within 500m of the fixed-route service to be within Handi-Transit service area:

Address: _____
(Apt) (Street Number) (Street) (City/Town)

16. Where is your pick-up door? ☐ **Front** ☐ **Side** (acessible to the front) ☐ **Garage** (front drive)

Note: Handi-Transit provides service from the front street ONLY.

17. Does your home have a ramp or platform lift? ☐ **Yes** ☐ **No**

a) If yes, where is the ramp/lift located?_____

Note: Drivers do not operate residential lifts.

18. Does your home have steps outside, at the pick up door? ☐ **Yes** How many? _____ ☐ **No**

19. Are you able to go up and down these steps? ☐ **Yes** ☐ **No**

a) Please describe:_____

_____

Travel Training

Winnipeg Transit now offers a Travel Training program. This program provides all citizens of Winnipeg with the opportunity to participate in educational and practical training on using the regular fixed-route service.

Sessions are offered in a variety of formats including: group classroom presentations, community travel training for individuals or groups, and individualized sessions to practice accessing the regular transit system when using a mobility device (e.g. walker, scooter or wheelchair).

During a travel training session the following will be reviewed: features of the easy-access and low floor buses, new technology for passenger information, and other tips for traveling on the fixed- route service. If you would like more information or to request a session, please contact the Handi-Transit Contact Centre at 204-986-5722.

DECLARATION AND AUTHORIZATION FOR RELEASE OF INFORMATION

Please provide the contact information for the current health care provider(s) involved in your care: (e.g. family doctor, specialist, OT/PT, social worker, Home Care Coordinator)

Name of Health Care Provider and Role	Address	Phone Number

The personal information collected on this form is subject to the provisions of the Freedom of Information and Protection of Privacy Act (FIPPA) and the Personal Health Information Act (PHIA). The information will not be used for any purpose other than for determining eligibility and service delivery requirements for Handi-Transit Services.

I,_____ declare that the information provided on this application is accurate and true to the best of my knowledge. I understand that a false statement could lead to the review of my application for Handi-Transit. I understand that Handi-Transit reserves the right to request additional information from myself or those listed on this application form. I authorize the health care providers(s) and contact person(s) identified in this form to release pertinent information to The City of Winnipeg, Handi-Transit Branch, as it relates to determining my eligibility and service delivery requirements for Handi-Transit. I understand that if Handi-Transit is unable to obtain the information necessary, my application for Handi-Transit may not be processed and will be placed on hold. I understand that Handi-Transit may review my file at any time. This may include, but is not limited, to a review of my eligibility, the need for a mandatory attendant, access to pick-up/drop off location, access to Handi-Transit vehicles, equipment related issues.

Signature of Applicant: _____ **Date:** _____

If you are not the applicant, but have signed this application on the applicant's behalf , we require the following information. Please note: Only legal guardians and/or POA may sign on the applicant's behalf.

Name: _____ Relationship to applicant: _____

Address: _____

Telephone #: _____

Signature of representative:_____ Date: _____