

Application for Eligibility for

Greater Sudbury Handi-Transit Service

(Effective January, 2014)

Please answer all the questions on this form.

To be completed by the Applicant or by an Authorized Designate on behalf of the Applicant.

You may complete a secure online application form at <u>www.greatersudbury.ca/handi-transit_</u>or you may fill out a paper form in writing.

To protect your personal privacy, do not email or fax this form. If you prefer to fill out a paper form in writing, we have provided a mailing address at the bottom of this form.

Part 1: Personal Contact Information

Applicant:	Male:		Female:		
Date of Birth:					
Last Name:					
First Name:			Middle Initial:		
Residence Add	dross.				
	u 033.				
Apartment Nur	mber:	City:		Postal Code:	
Mailing Addres	s (if different fron	n above):			
				ide additional details regarding dence? For example, name of	
your apartmen	t complex, directi			tions, colour of your house,	
landmarks, etc					

Home Phone: (705)	Cell Phone: () (please provide area code)
Work Phone: (705)	Ext.
TTY: (705)	
Email address:	

Part 2: Emergency Contact Information

Primary Contact:

Name:	
Deletionship to Applicants	
Relationship to Applicant:	
Home Phone: (705)	Cell Phone: ()
	(please provide area code)
Work Phone: (705)	Ext.
TTY: (705)	
Email address:	
Residential Address:	
Mailing Address (if different from above):	

Secondary Contact:

Name:			
Relationship to Applicant:			
Home Phone: (705)	Cell Phone: () (please provide area code)		
Work Phone: (705)	Ext.		
TTY: (705)			
Email address:			
Residential Address:			
Mailing Address (if different from above):			

Part 3: Personal/Medical Information

Please check Yes or No to the following questions.

	Yes	No
Are you a current client of Handi-Transit?		
Are you a new applicant for Handi-Transit service?		
Are you a visitor who is temporarily living in Greater Sudbury?		
Are you a registered client of the C.N.I.B.?		
Are you a client of another accessible transit system (apart from Handi-Transit?) If you checked Yes, which accessible transit system do you use?		
Is your disability or health condition:		
Permanent		
Temporary (expected to last until)		
Varies		

In the following table, please fill in any relevant information about your impairments that may affect your ability to travel to a bus stop, board, exit and travel on a conventional public transit 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: Osteoarthritis Left Hip	July 1999	Physio	Arthrotec	Total hip replacement

Please check the type(s) of transportation you are able to use with som check all that apply.	e support. Please	
Accessible Passenger Bus (i.e. Handi-Transit)		
Adapted Taxi Cab with ramp (when available)		
Greater Sudbury Transit bus (when ramp is lowered)		
Greater Sudbury Transit bus (low floor but ramp is not necessary)		
Standard Taxi Cab (with support)		
Other (please explain)		

Do you require a support person while travelling? A support person is a person specifically employed or designated by you to assist with your daily living needs, including travel.

Yes		No		
-				

Briefly describe the support you require when travelling (i.e. you must be lifted into vehicles, your required mobility aid must be placed into vehicles, you need assistance to find your way around the city, you require a visual display of upcoming bus stops or an audio announcement of upcoming bus stops, etc.)

Please check the type(s) of mobility aids you use when travelling in the community.				
Please check all that apply.				
*Powered Wheelchair	*Manual Wheelchair	Alphabet Board		
Picture Board	Oxygen Tank	*Scooter		
Walker	Support Cane(s)	Leg Brace		
Crutches	White Cane	Service Animal		
Hearing Aid(s)	None	Other		
Other (please explain)				
*Please Note: Handi-Transit may not be able to accommodate you, if your wheelchair or scooter				
is longer than 48" (1.2 meters) or wider than 32" (81.3 cm) or if your total weight with your				
wheelchair or scooter is more than 800 pounds (363 kilograms).				
<u>-</u>	· · · · ·	·		

Can you transfer independently from a scooter to the seat of a bus?			
Yes	No	Sometimes	

Can you walk up and down one 11 inch (28 cm) step with a handrail, without assistance from another person?		
Yes	No	Sometimes

Part 4: Permissions and Protection of Privacy (to be read and signed by Applicant)

I understand that the purpose of this application form is to determine whether I am eligible to be a permanent, temporary or occasional client of Greater Sudbury Handi-Transit. I understand the personal/medical information provided on this form is confidential and will only be shared with designated employees of Greater Sudbury Transit for the purpose of processing this application.

I give permission to designated employees of Greater Sudbury Transit to contact either myself or the Authorized Designate who has completed this form on my behalf for further information to determine my eligibility for Handi-Transit.

I certify to the best of my knowledge, the information provided on this form is true and correct. I understand that providing false or misleading information could result in the termination of my eligibility for Handi-Transit service.

Personal Privacy: 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 Protection Act (PHIPA). The information collected on this form will not be shared with anyone other than as set out in the previous consent above and will not be used for any purpose other than for eligibility and service delivery for Handi-Transit

Signature of Applicant or Mark Witnessed by Authorized Designate

Name of Applicant (please print):

Date of Application:

Part 5: Certification By Authorized Designate (if this form has been completed by someone other than the Applicant). Please check one.

		
I certify that the information in this application is true and correct based upon the		
information given to me by the Applicant.	I I	
I certify that the information provided in this appl	ication is true and correct based	
upon my own knowledge of the Applicant's heal		
have legal authority to complete this application.		
Drint Names		
Print Name:		
Agency Name (if applicable):		
Relationship to Applicant:		
Address:		
Day Phone: ()		
Signature:	Date:	

You may mail your completed application to:

Greater Sudbury Transit Attention: Handi-Transit Services Tom Davies Square 200 Brady Street PO Box 5000, Stn A

Sudbury ON P3A 5P3

If you have a physical disability and there is no doubt that you are unable to ride conventional Greater Sudbury Transit buses, you will continue to receive Handi-Transit service as you do today.

If you have physical or cognitive disabilities and may be able to ride Greater Sudbury Transit buses, you will be asked to schedule an appointment with an Eligibility Assessment Advisor. The advisor is an independent professional. There will be no charge to you for your appointment.

Registered clients of Handi-Transit may book transportation to their appointment with the Eligibility Assessment Advisor. Persons who are not registered as Handi-Transit clients are responsible for their own transportation.

The Eligiblity Assessment Advisor will give special consideration to time of year. For example, some clients may be able to use conventional transit in the spring and summer but will require Handi-Transit in the fall and winter months.

If you disagree with the recommendation(s) of the Eligibility Assessment Advisor, you will have the option of appealing the decision to the Hearing Committee of Greater Sudbury Council.

We will endeavour to process and reply to your Application for Eligibility for Greater Sudbury Handi-Transit Service within 14 days of receipt of your application.