Name of Applicant _____

Transit Department

Application

for Handi-Transit Service

WHAT IS HANDI-TRANSIT?

- Handi-Transit is a special division of Winnipeg Transit which provides transportation for people who cannot use the "fixed route" transit system because of mobility impairment or are legally blind.

- Handi-Transit is a shared ride, door-to-door service that operates within the same service area as the fixed route system. Drivers physically assist passengers from the ground floor doorway, to and from the vehicle, to the ground floor doorway at the destination.

INSTRUCTIONS

1. Please complete the following form as directed. Forms that have insufficient information, are unclear, or illegible cannot be processed and will be returned by mail. We cannot be responsible for items lost in the mail.

2. Section A, must be filled out by the applicant (or with assistance when required).

3. Section B, must be filled out by one of the following qualified health care professionals who have full knowledge of your condition: Chiropractor, Occupational Therapist, Physician, Physiotherapist, and Registered Nurse. (**except** for individuals who are legally blind and do not have a mobility impairment, note page 5).

4. Please note that filling out this application form does not guarantee eligibility.

5. There is no charge to apply for Handi-Transit service. Any fees charged by a qualified health care professional to complete this form are the responsibility of the applicant.

6. Once received, the application will be reviewed and you will be contacted in 10 business days regarding the status of your application. In some cases, additional phone calls or an interview may be required to determine eligibility.

8. If you have any questions you may call Handi-Transit at (204) 986-5722.

9. Completed forms may be faxed to (204) 986-6555, or mailed to the following address:

Handi Transit Applications
Unit B - 414 Osborne St.
Winnipeg, Manitoba R3L 2A1

This Section to be Completed by Applicant

Section A: Application Information
(Please Print Clearly)

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)*

Address:

(Apt) *(Number)* (*Street)* (*City/Town)* *(Postal Code)*

Phone:

(Home) (*Business)* (*Other)*

Email Address: Date of Birth:

Month (written) Day Year

In some cases more information may be required to determine eligibility. If additional information is required, who do we contact? You ☐ or Someone else ☐ *(example: spouse, guardian)*

If we need to contact someone else, please provide contact information below.

Name: Relationship:

Phone:

(Home) (*Work)* (*Other)*

Emergency Contact

In case of an emergency, please list someone living in Winnipeg who we can contact.

Name: Relationship:

Address:

(Apt) *(Number)* (*Street)* (*City/Town)* (*Postal Code)*

Phone:

(Home) (*Business)* *(Other)*

Name of Applicant _____

Transportation Information

1. Why are you applying for Handi-Transit shared ride service?

_____

_____

2. Have you used Winnipeg Transit's regular service in the past? (big buses) If not, why?

_____

_____

3. What are the ways you get around now? (Check all that apply)
   - ☐ Drive Self
   - ☐ Family/Friend(s) drive me
   - ☐ City Transit
   - ☐ Taxi
   - ☐ Private (Personal Care Home/Program Bus)
   - ☐ Other *(please describe)*_____

4. Do you require any of the following aids when going out? (Check all that apply)
   - ☐ Hearing Aid/Communication device
   - ☐ Portable Oxygen/Ventilator
   - ☐ Service Animal
   - ☐ Cane
   - ☐ Crutches
   - ☐ Walker ☐ folding ☐ not folding ☐ with seat ☐ with skis ☐ 3 wheels ☐ 4 wheels
   - ☐ Manual Wheelchair ☐ folding ☐ not folding
   - ☐ Power Wheelchair
   - ☐ Power Scooter ☐ 3 wheeled ☐ 4 wheeled
   - ☐ Other *(please describe)*_____

5. Do you use mobility aids to get around your home?
   - ☐ No
   - ☐ Yes *(please describe)* _____

6. To accommodate mobility aids in vehicles, please provide the following information;

   a) special features of aids (i.e. elevating leg rests, tilt/recline on wheelchair):

   _____

   b) model of wheelchair:_____

   c) width of wheelchair (from outside wheel to outside wheel): _____

Name of Applicant _____

Information for Handi-Transit Scheduling

Should your application be approved, the following information will be required to assist in trip scheduling. Please complete the following;

Home Environment

1. Please check the most appropriate description of your pick up location.
   - ☐ House /Mobile Home
   - ☐ Apartment /Townhouse/Condo /Duplex
   - ☐ Long term care facility /Personal Care Home
   - ☐ Hospital
   - ☐ Other *please describe*

2. If you live in a multi-dwelling unit, does it have a name?
   (Example: Garden Towers Apartments)

3. Where is your pick up door:
   - ☐ Front
   - ☐ Side
   - ☐ Garage
   - ☐ Other *(please describe)*

4. Does your home have steps outside at pick up door?
   - ☐ Yes
   - ☐ No

   If yes, how many steps?

5. Is there a handrail going up these steps?

Right side:	Left side:
☐ Yes	☐ Yes
☐ No	☐ No

6. Do you need someone to help you go up or down these steps?
   - ☐ Yes
   - ☐ No

7. Does your home have a ramp?
   - ☐ Yes
   - ☐ No

   If yes, where is the ramp located?

Note: Drivers are only required to assist manual wheelchairs up or down three stairs. For more than three stairs, or the use of an electric wheelchair, the registrant must make arrangements for alternative assistance (i.e. ramp).

THIS PAGE FOR INDIVIDUALS WHO ARE LEGALLY BLIND ONLY (DO NOT HAVE A MOBILITY IMPAIRMENT)

CNIB Registrants Only:
Please provide CNIB registration #:_____

I authorize CNIB to release my registration number to The City of Winnipeg Handi-Transit to confirm my registration.

Signature of Applicant or Representative _____

Date _____

For Applicants who are legally blind, and are not clients of CNIB:

Verification must be provided by an Optometrist or Ophthalmologist

The applicant has a visual impairment of;
- ☐ 20/200 vision or less
- ☐ visual field of less than 20 degrees (legally blind)

Name _____Title_____

Signature _____Date _____

Additional Comments: _____

_____

_____

_____

_____

Note: For applicants who are **legally blind and do not have a mobility impairment,** stop filling out this application and submit for processing.

Authorization for Release of Information: (To Be Completed By Applicant)

Please note that the personal information collected on this form is subject to the provisions of the Freedom of Information and Protection of Privacy Act and the Personal Health Information Act. The information will not be shared with anyone other than as set out in the consent below and will not be used for any purpose other than for determining eligibility for Handi-Transit Services.

I authorize the professional completing this form to release pertinent medical information to The City of Winnipeg, Handi-Transit Division, about my disability or health condition as it relates to determining my eligibility for specialized transportation.

Name of Applicant _____

Signature of Applicant/Legal Guardian _____Date _____

Section B: To Be Completed By A Health Care Professional

Professional Certification: (please check one)

☐ Chiropractor ☐ Occupational Therapist ☐ Physician ☐ Physiotherapist ☐ Registered Nurse

Mobility Information: (please print clearly)

1. Describe the medical diagnoses that compromise the applicant's mobility.

_____

_____

2 Describe the treatment plan, projected outcome, and any ongoing care required regarding mobility.

_____

_____

3.a) Is the condition(s) permanent? ☐ Yes ☐ No
b) Is the condition(s) progressive? ☐ Yes ☐ No

4. The applicants mobility is affected by the following;

	N/A	Mild	Severe
Balance	☐	☐	☐
Endurance	☐	☐	☐
Pain	☐	☐	☐
Respiratory (SOB)	☐	☐	☐
Spasticity /Tone	☐	☐	☐
Strength	☐	☐	☐
ROM	☐	☐	☐
Hemiplegia/paresis	☐	☐	☐

Comments: _____

_____

5. Applicant Height: _____ ☐ m/cm _____ ☐ feet/inches
Applicant Weight: _____ ☐ kgs _____ ☐ lbs

Mobility Information (continued)

If applicant is **unable to walk**, please check here ☐, and proceed to wheelchair information on this page.
If applicant is able to walk, please complete section below.

Ambulation:
Note: The distance between two bus stops is approximately 175m/575ft.

1. The applicant is able to walk 175m/575ft outside unassisted;
   - ☐ At all times
   - ☐ Some of the time (i.e. in summer, by taking rests)
   - ☐ None of the time
   - ☐ Unable, temporarily

Comments: _____

2. The applicant is able to manage stairs independently (check all that apply);
   - ☐ At all times
   - ☐ With a person assisting
   - ☐ With a rail
   - ☐ None of the time

Comments: _____

3. The applicant **requires** the following **mobility aid(s)** (check all that apply);
   - ☐ None
   - ☐ Cane
   - ☐ Crutches
   - ☐ Walker: ☐ Bariatric (oversize)
   - ☐ Other _____

Wheelchair(s):

1. The applicant **requires** the use of a **manual** wheelchair (check all that apply);
   - ☐ At all times
   - ☐ Some of the time (i.e. less than 4 hours/day)
   - ☐ For long distances only
   - ☐ To be transported in a vehicle
   - ☐ Temporary, until the following date:_____
   - ☐ Bariatric (oversize)

2. The applicant **requires** the use of **power mobility** (circle wheelchair or scooter) (check all that apply);
   - ☐ At all times
   - ☐ None of the time
   - ☐ Some of the time (i.e. less than 4 hours/day)
   - ☐ For long distances only
   - ☐ To be transported in a vehicle
   - ☐ Temporary, until the following date: _____
   - ☐ Bariatric (oversize)

Transfers
Is the applicant able to transfer independently from wheelchair/scooter to the seat of a car or van?
- ☐ Yes
- ☐ No

Drivers physically assist passengers from the ground floor doorway, to and from the vehicle, to the ground floor doorway at the destination. Drivers do not ring buzzers/doorbells or search for passengers. Drivers <u>will not</u> provide personal attendant service/supervision during the trip, or place passengers into the hands of someone else at the destination point (i.e. wait for a caregiver to arrive).

Knowing this, does the applicant require a personal attendant (someone who must travel with the applicant to provide assistance during the trip or at the destination) while travelling with Handi-Transit?

- ☐ Yes
- ☐ No
- ☐ Sometimes

Please explain: _____

_____

Given the information provided in this application, to what degree is Handi-Transit recommended;

- ☐ Not at all
- ☐ Some of the time *(explain):* _____
- ☐ All of the time
- ☐ In winter only
- ☐ For trips to and from dialysis treatment only
- ☐ Temporarily

If temporarily, how long will they require Handi-Transit service? _____

Note: Handi-Transit can accommodate individuals who are ambulatory or travel in a wheelchair/scooter. As part of the public transit system, we are unable to accommodate specific vehicle type or seating location preferences.

Additional comments: _____

_____

_____

Professional Verification (Please Print)

I certify that I am currently an accredited/licensed practioner and that the information contained herein is accurate and complete.

Name: _____

Address: _____

Phone: _____

Email: _____

Signature: _____ Date: _____

Title: _____

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 Act (PHIA). The information 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 determining eligibility for Handi-Transit Services. If you have any questions you may call Handi-Transit at (204) 986-5722.

Please return completed form to applicant