

# handyDART and handyPASS Application

If you have a disability that prevents you from using public transit buses some or all of the time, you may be eligible for door-to-door custom transit services.

Please complete all sections of this form to apply for handyDART and handyPASS service. Our staff will contact you to discuss your application and travel options.



## Contact Information

PLEASE PRINT

### 1. Contact Information and Permanent Address

_____ Last Name	_____ First Name	_____ Initial
_____ Address		_____ Suite #
_____ City	_____ Province	_____ Postal Code
_____ Home Phone	_____ Cell Phone	
_____ Email		

### 2. If your mailing address is different from your permanent address, please complete the following:

_____ Last Name	_____ First Name	_____ Initial
_____ Address		_____ Suite #
_____ City	_____ Province	_____ Postal Code

## Personal Information

3. Date of Birth      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
   MONTH      DAY      YEAR

4. Gender       Male       Female

### 5. In case of an emergency, please contact:

_____ Last Name	_____ First Name	_____ Relationship
_____ Daytime Phone	_____ Evening Phone	

# Transportation Disability Information

6. Explain why you cannot use the regular bus based on your cognitive and/or physical functional mobility limitations.

---

---

7. Describe your travel abilities and limitations.

<b>I am able to:</b>	<b>Always</b>	<b>Sometimes</b>	<b>Never</b>
Walk 3 city blocks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walk up and down steps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stand for 15 minutes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sit down or rise without assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ask for or receive travel directions verbally, or in writing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
See signs and read directions clearly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>I am unable to:</b>			
Travel alone due to a cognitive condition, confusion, or disorientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Is your mobility limitation a permanent or temporary condition?

Permanent     Temporary, specify until when (date can be extended as required):

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MONTH                  DAY                  YEAR

9. Can you be left alone at your residence?     Yes     No, explain below:

---

NOTE: Your emergency contact will be called if someone is not available to receive you at home.

10. Will you use any of the following aids when using handyDART transit? Check all that apply and let the handyDART office know the type and size of equipment when booking:

- |  |  |
|--|--|
| <input type="radio"/> Power wheelchair     | <input type="radio"/> Manual wheelchair          |
| <input type="radio"/> 3-wheel scooter      | <input type="radio"/> 4-wheel scooter            |
| <input type="radio"/> Walker (non-folding) | <input type="radio"/> Cane – includes white cane |
| <input type="radio"/> Oxygen tank          | <input type="radio"/> Certified service animal   |

11. Will you be travelling with the assistance of a personal attendant?     Yes     No

## Travel Option Information

We encourage our customers to use fixed-route service for some trips, and to use handyDART and Taxi vouchers only as needed.

12. Do you use fixed-route service for some of your trips?  Yes  No

If no, are you interested in learning how to travel independently on the bus for some of your trips?

- Yes, I am interested in receiving free training that will teach me how to use the bus at my own pace with a qualified trainer.
- No, I do not wish to receive free training.

13. Permanent handyDART customers are eligible for Taxi Saver vouchers. Temporary handyDART customers are not eligible. To access Taxi Saver vouchers, contact your local handyDART office.

---

## handyPASS Card

14. BC Transit requires all handyDART customers to acquire a handyPASS. Enclose two (2) passport-sized photos with this application. Refer to the handyPASS Photo Specifications Form H2. If you are determined to be ineligible for handyDART, these photos will be returned to you.

---

## Authorization

15. The information provided in this form is solely for the use of BC Transit and its Agents to determine your eligibility for custom transit services. By completing this application, you and your representative declare that you understand and authorize the following:
- You have a disability, medical condition, or age related frailty that prevents you from using the regular bus some or all of the time.
  - You consent to the disclosure of personal information by your medical practitioner (Doctor, Therapist, Case Manager) to BC Transit or its agents.
  - You acknowledge that you may be requested to undergo a functional assessment.
  - BC Transit can re-assess your eligibility if it appears your transportation needs have changed.

---

Last Name (Please print)

First Name (Please print)

---

Signature of Applicant or Representative\*      Date

\* Representatives must complete contact information on page 4.

16. BC Transit can obtain my mobility information from one of the following (check one only):

- |   |   |
|---|---|
| <input type="radio"/> Licensed Physician                  | <input type="radio"/> Licensed Optometrist              |
| <input type="radio"/> Certified Rehabilitation Specialist | <input type="radio"/> Registered Occupational Therapist |
| <input type="radio"/> Registered Recreation Therapist     | <input type="radio"/> Registered Vocational Therapist   |
| <input type="radio"/> VIHA Case Manager                   | <input type="radio"/> Registered Nurse                  |

Please provide the information for the contact you selected above.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Mailing Address

**Please send completed application to:**

Client Registrar  
PO Box 100  
Lazo, BC V0R 2K0  
OR  
Fax: 250-339-2797

**For more information, call 250-339-5442.**

**For Designated Agency Use Only • Application Assessment**

I certify that the information provided in this application is based upon a designated service agency assessment of the applicant's health or mobility, in regards to using the bus.

\_\_\_\_\_  
Facility/Program

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Email

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Designated agencies/representatives include: CNIB, Intermediate or Extended Care Facility Case Manager, Dementia/Geriatric Program Case Manager, Mental Health Case Managers, Community Living Program Social Worker.

*The personal information requested on this form will be used for the purpose of determining eligibility for custom transit, as specified in the British Columbia Transit Regulation of the British Columbia Transit Act. BC Transit collects this information pursuant to Section 26 of the Freedom of Information and Protection of Privacy Act. The information collected will be used in compliance with this Act. Should you have any questions about the collection, use, or disclosure of this information, please contact the Freedom of Information Department at BC Transit: 520 Gorge Road East, Victoria, British Columbia, V8T 2W6 or via telephone at 250-385-2551.*