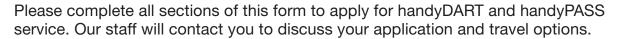
handyDART and handyPASS Application

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.





Contact Information	PLEASE PRIN
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1.	Contact Information and	d Permanent Address	
	Last Name	First Name	Initial
	Address		Suite #
	City	Province	Postal Code
	Home Phone	Cell Phone	
	Email		
2.	If your mailing address	s is different from your permanent addre	ess, please complete the following:
	Last Name	First Name	Initial
	Address		Suite #
	City	Province	Postal Code
Pe	ersonal Informatio	n	
3.	Date of Birth	MONTH DAY YEAR	
4.	Gender		
5.	In case of an emergence	y, 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 cognimobility limitations.	tive and/or ph	ysical function	nal
7.	Describe your travel abilities and limitations.			
••	I am able to:	Always	Sometimes	Never
	Walk 3 city blocks	0	0	0
	Walk up and down steps	0	0	0
	Stand for 15 minutes	0	0	0
	Sit down or rise without assistance	0	0	0
	Ask for or receive travel directions verbally, or in writing	0	0	0
	See signs and read directions clearly	0	0	0
	I am <u>unable</u> to:			
	Travel alone due to a cognitive condition, confusion, or disorientation	on 🔾	0	0
8.	Is your mobility limitation a permanent or temporary condition?			
	Permanent Temporary, specify until when (date can be	extended as re	eauired):	
	, , , , , , , , , , , , , , , , , , ,		- q s s s/.	
	MONTH DAY YEAR			
9.	Can you be left alone at your residence? Yes N	o, explain belo	ow:	
		.,		
	NOTE: Your emergency contact will be called if someone is not available to recei	ve you at home.		
10	Will you use any of the following aids when using handyDART tra	neit? Chack a	ll that apply an	d lot the
10.	handyDART office know the type and size of equipment when book		ιι τιτατ αρριγ αιτ	u iei iiie
	O Power wheelchair O Manual wheelch	chair		
	3-wheel scooter 4-wheel scoote	er		
	○ Walker (non-folding) ○ Cane – include	s white cane		
	Oxygen tank Certified service	ce animal		
11.	Will you be travelling with the assistance of a personal attendant	? Yes	○ No	







Travel Option Information

	encourage our customers to use fixed-route service for some trips, and to use handyDART and Taxi chers 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.
ha	ndyPASS 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.
Au	thorization
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.

Licensed Physiciar) Lie	censed Optometrist
O Certified Rehabilita	tion Specialist Re	egistered Occupational Therapist
Registered Recrea	tion Therapist Re	egistered Vocational Therapist
VIHA Case Manage		egistered Nurse
	on for the contact you selec	
Name	Phone	
Mailing Address		
ease send completed app	olication to:	
Client Registrar		
PO Box 100		
Lazo, BC V0R 2K0		
OR		
Fax: 250·339·2797	250 000 5440	
or more information, call 2	250·339·5442.	
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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.





