
Application for Custom Transit Service

handyDART and handyPASS Programs

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

To avoid delay in processing your application, please complete all sections of the following form. Our staff will contact you to discuss your application and assist you regarding your travel options. BC Transit and its agents hold all information in confidence.

Pursuant to Section 27 (2) of the Freedom of Information and Protection of Privacy Act, information provided in this form is solely for the use of BC Transit and its agents in determining eligibility for Custom Transit Programs as authorized in the BC Transit Act.

If you have any questions, please call 604-855-0080 and ask for Client Registration.

NOTE: If your application for handyDART is denied, you may appeal this decision. Please call 604-855-0080 for more information.

Part 1 - General Information

PLEASE PRINT

Last Name _____ First Name _____ Initial _____

Apt.# _____ Address _____

City _____ Province _____ Postal Code _____

Intercom number _____ Telephone _____ Email _____

Date of Birth _____ / _____ / _____
MONTH DAY YEAR

Female Male

Please provide the following information:

Emergency Contact: _____ Relationship: _____

Daytime Phone: _____ Evening Phone: _____

Can you be left alone at your residence? YES NO

If no, please explain: _____

NOTE: If no, the person you have identified as the emergency contact will be called in the event no one is available to receive you or in case of an emergency.

Where should future correspondence be sent? To my home address or to:

Name _____

Address _____

Part 2 - Disability Information

1. What disability prevents you from using the regular transit bus?

2. Does your disability include any of the following cognitive and/or physical mobility issues?
(check all that apply and indicate any other factor you feel should be noted)

Unable to walk three city blocks Unable to walk up and down steps

Unable to stand for 15 minutes Unable to travel on buses due to fatigue

Unable to sit or rise unassisted Shortness of breath due to exertion

Unable to see signs or notices Unable to plan a trip and travel alone outside home

Unable to travel unassisted due to confusion, or cognitive or organizational limitations

Other _____

3. Is your disability: Permanent (life long) Yes No

Temporary until: _____ (can be extended as required)

4. Do you use any of the following to help you get around? (please check all that apply)

power wheelchair cane white cane
manual wheelchair crutches prosthetic/orthotic device
three-wheel scooter walker portable oxygen tank
four-wheel scooter service animal other _____

5. Do you require a personal assistant to assist you to travel? Yes No

6. Do you presently use the regular transit system for some of your trips?

Yes How many days per month? _____

No I don't ride because _____

7. Could you benefit from Community Travel Training which could enable you to use regular transit buses some of the time? Yes No

8. Are you interested in a handyPASS, which is required to purchase Taxi Saver coupons and for your attendant to travel free on regular transit buses? Yes No

If Yes, a representative will contact to you to arrange for the card.

Part 3- Certification

I hereby declare that I have a disability that is sufficiently severe that I am unable without assistance to use transit buses some or all of the time, in accordance with Section 11, BC Transit Regulation 30/91, pursuant to the BC Transit Act. I consent to the disclosure of personal information (including medical information) by a medical practitioner, to BC Transit or its agents for the purpose of determining my eligibility for the custom transit service. I will advise BC Transit or its agents of any changes to my mobility needs. I understand that BC Transit has the right to review my application from time to time and can revoke my registration if they determine that I am no longer eligible for custom transit service.

Name of your medical practitioner _____ Telephone: _____

- Physician Occupational therapist Physiotherapist
 Registered nurse Social worker Long Term Care case manager

A Applicant Signature

Signature of Applicant

Date

Please send completed application to:

**Central Fraser Valley handyDART
Box 156
Abbotsford BC V2S 4N8**

OR B Advocate or spokesperson completing form for applicant. (Please check one):

- I certify that the information provided in this application is true and correct, based upon information given to me by the applicant.
- I certify that the information provided in this application is true and correct, based upon a designated service agency assessment of the applicant's health condition or disability, which restricts their use of regular transit service.*

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

Name

Signature

Facility or Program

Relationship to Applicant

Address

Daytime Phone