

Mount Waddington Transit System Application for Custom Transit Service

HandyDART Program

If you have a disability that prevents you from using regular transit service some or all of the time, you **may** be eligible for door-to-door custom transit services (HandyDART).

Eligibility Criteria

- Unable to use regular transit service permanently or temporarily due to physical or cognitive disabilities,
- Completed HandyDART Application - incomplete applications cannot be processed,
- Note from Medical Practitioner confirming nature of disability and if disability is permanent or temporary.

Use of Service

- **All trips are coordinated by the Transit Coordinator (250-956-3151) and must be booked at least 48 hours in advance.**
- HandyDART service times are limited and will be booked on a first-come, first-served basis.
- Priority is given to medical transportation, if a medical trip is not booked, other requests will be considered and clients notified of availability 48 hours in advance.

Cancellations

- Notice of trip cancellation **must** be provided **48 hours** in advance. HandyDART service is limited and this allows other clients to access the service. Please note that of lack of cancellation or no shows may result in service suspension as per the Cancellation/No Show Policy below.

Appeals

Appeals regarding eligibility or service suspension should be addressed to:

Chair, Mount Waddington Regional Transit Advisory Committee
c/o Regional District of Mount Waddington
Box 729
Port McNeill, BC V0N 2R0

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 250-956-3151 for client registration.

CANCELLATION/NO SHOW POLICY

Late cancellations will be regarded as a No Show: First occurrence – verbal notice; Second occurrence – written notice; Third occurrence - written notice of suspension of HandyDART service privileges for six (6) months.

Part 1 - General Information

PLEASE PRINT

Last Name _____ First Name _____ Initial _____

Apt. # _____ Intercom # _____ Address _____

City _____ Province _____ Postal Code _____

Telephone _____ Cell _____

Email _____ Birthdate _____ / _____ / _____ Female Male
Year Month Day

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: _____

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 service?

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 | <input type="checkbox"/> | Unable to walk up and down steps | <input type="checkbox"/> |
| Unable to stand for 15 minutes | <input type="checkbox"/> | Unable to travel on buses due to fatigue | <input type="checkbox"/> |
| Unable to sit or rise unassisted | <input type="checkbox"/> | Shortness of breath due to exertion | <input type="checkbox"/> |
| Unable to see signs or notices | <input type="checkbox"/> | Unable to plan a trip and travel alone outside home | <input type="checkbox"/> |
| Unable to travel unassisted due to confusion, or cognitive or organizational limitations or other | | | <input type="checkbox"/> |

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 | <input type="checkbox"/> | cane | <input type="checkbox"/> | white cane | <input type="checkbox"/> |
| manual wheelchair | <input type="checkbox"/> | portable oxygen tank | <input type="checkbox"/> | crutches | <input type="checkbox"/> |
| walker | <input type="checkbox"/> | prosthetic/orthotic device | <input type="checkbox"/> | three-wheel scooter | <input type="checkbox"/> |
| four-wheel scooter | <input type="checkbox"/> | service animal | <input type="checkbox"/> | other | <input type="checkbox"/> |

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 _____

Part 3 - Certification

I hereby declare that I have a disability that is sufficiently severe that I am unable to use regular transit services 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: _____

- | | | |
|---|---|--|
| <input type="checkbox"/> Physician | <input type="checkbox"/> Occupational therapist | <input type="checkbox"/> Physiotherapist |
| <input type="checkbox"/> Registered nurse | <input type="checkbox"/> Social worker | <input type="checkbox"/> Long Term Care case manager |

Option A - Applicant Signature

Signature of Applicant

Date

or

Option 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 Extended Care Facility Case Manager, Mental Health Case Managers, Community Living Program Social Workers, Health Care providers and affiliated Health Care Centers.

Please send completed application to:

Mount Waddington Transit Coordinator
Box 1028
1705-5A Campbell Way
Port McNeill, B.C.
V0N 2R0

Name

Signature

Facility or Program

Relationship to Applicant

Address

Daytime Phone