



handyDART and handyPASS Program

Application for Custom Transit Service

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 questions, please call 250-627-1201 and ask for Client Registration.

If your application for handyDART is denied, you may appeal this decision. Please call 250-627-1201 for more information.

Part 1: Contact Information

PLEASE PRINT

Contact Information and Permanent Address

Last Name First Name Initial

Address Suite # Buzzer #

City Province Postal Code

Home Phone Cell Phone

Email

Date of Birth MONTH / DAY / YEAR Male Female

In case of an emergency, please contact:

Last Name First Name Relationship

Daytime Phone Evening Phone

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

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

Mail will be sent to your permanent address, listed above. If your mailing address is different from your permanent address, please complete the following:

Last Name First Name

Address Suite #

City Province Postal Code

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.

Last Name (Please print)

First Name (Please print)

Signature of Applicant or Representative

Date

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

- Physician Occupational Therapist Physiotherapist
 Registered Nurse Social Worker Long-term Case Manager

Please provide the information for the contact you selected above.

Name

Phone

Please send completed application to: Prince Rupert handyDART
225 2nd Avenue West, Prince Rupert, BC V8J 1G4

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.*

Facility/Program

Phone

Mailing Address

Last Name

First Name

Title

Signature

Date

* 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.