

York Region's shared ride, door-to-door, accessible public transit service for people with disabilities



Mobility On-Request Paratransit **application package**

INTRODUCTION

Mobility On-Request Paratransit is York Region's door-to-door shared ride accessible public transit service for people with disabilities. An applicant may be eligible for the service if he/she is a **York Region resident** and has a disability that prevents them from using conventional transit for all or part of the trip. This could be due to a visual, sensory, cognitive/mental health or physical disability, and could be either short-term or long-term. Disability alone does not create eligibility; the decision is based on the applicant's functional ability to use conventional transit and is not a medical decision, nor is it based on the applicant's income or age. In addition, unavailability of conventional transit service does not constitute eligibility.

Conventional public transit means accessible fixed route public transit, i.e. Viva rapid transit, YRT local routes, Community Bus and On-Request.

TYPES OF DISABILITIES

Visual – Applicants who are legally blind and have unsuccessfully travel-trained through an approved agency such as the Canadian National Institute for the Blind (CNIB) or who have been deemed unsuitable for travel training.

Sensory – Applicants experiencing sensory motor area conditions (such as Parkinson's disease) that impact one's physical ability to use conventional public transit.

Cognitive and Mental Health – Applicants with cognitive and/or mental health disabilities who are unable to take conventional transit may be eligible for trips to and from approved day programs and work placements. Written confirmation from the day program or placement agency is required.

Physical – Applicants who have a physical disability that prevents them from:

- walking/rolling 175 metres,
- standing or waiting 15 minutes for a bus, or
- accessing a bus stop due to environmental barriers such as inclement weather, lack of curb cuts, uneven/broken sidewalks, or steep terrain.

Eligibility for the service is approved according to **levels of eligibility** in three categories:

- 1. Unconditional** – A person with a disability that prevents them from using conventional public transit.
- 2. Temporary** – A person with a temporary disability that prevents them from using conventional public transit for all or part of their trip.
- 3. Conditional eligibility** – A person with a disability for which environmental or physical barriers limit their ability to consistently use conventional public transit.

HOW TO APPLY

This four-part application package must be fully completed and signed by you and your health care professional.

SECTION A must be completed by the applicant and contains questions about your everyday mobility and ability/inability to use conventional public transit.

SECTION B must be completed by your registered health care professional. Completed applications:

➤ may be sent by mail to:

***Mobility On-Request Paratransit Eligibility,
York Region Transit***
55 Orlando Avenue, 2nd Floor
Richmond Hill, Ontario, L4B 0B4

➤ emailed to mobilityplusfeedback@york.ca

➤ or faxed to 905-762-2110.

SECTION C authorizes the release of the information you have provided to Mobility On-Request in order to process your application.

SECTION D must be completed for an applicant who attends day programs/work placements and the client waives the hand-to-hand process to/from the client's residence.

Staff will review your application within 14 days of receipt. If your application is incomplete, the application process will be delayed. A registration card and number will be provided upon approval to use the service. If you are approved and require a mandatory support person, this person must be provided by you and accompany you on all your trips. Your mandatory support person rides for free.

If your application is denied, you may call the Contact Centre at 1-866-744-1119 to arrange for an assessment with the Transit Ability Coordinator.

SECTION E – consent for the Health Care Professional

The Transit Ability Coordinator may also contact you to request that you attend an assessment if they are unable to make a decision on eligibility based on the information in your application. If you are not satisfied with the decision of the Transit Ability Coordinator, you may appeal the decision to the Mobility On-Request Paratransit Eligibility Appeal Panel by calling 1-877-464-9675. Press #1 and choose *Mobility On-Request Paratransit Eligibility Appeal Panel* or send your Notice of Appeal form to: **Access York**. 17250 Yonge St, Newmarket, ON, L3Y 6Z1

Please photocopy the entire completed application for your records in case the original application is not received by the office.

CONFIDENTIALITY

All personal information on your application is collected under the authority of the *Municipal Act, 2001*, and the *Accessibility for Ontarians with Disabilities Act, 2005* in accordance with the *Municipal Freedom of Information and Protection of Privacy Act*. Your information will be used solely for the purpose of determining eligibility for Paratransit service. Any questions concerning this collection can be directed to Mobility On-Request Paratransit Eligibility, York Region Transit.

The application and any supporting documentation will be discussed only with the applicant, the applicant's legal guardian or appointed substitute decision-maker. If a release of information form is completed, the application may be discussed with the individual named in the release. For your convenience, a release form can be found on page 13 of this application. Application information may also be shared with other transit providers to facilitate your travel between York Region and connecting areas.

SECTION A: For completion by applicant

EMERGENCY CONTACT INFORMATION

In case of an emergency only, please notify (e.g. family, friend, neighbour, caregiver):

Name (primary contact)

Name (secondary contact)

Relationship to applicant

Relationship to applicant

Phone

Phone

Email address (emergency contact)

Please provide the mailing address you would like all Mobility On-Request Paratransit mail sent to if it is different from the information provided on the previous page.

MAILING ADDRESS

Mr. Mrs. Ms. Miss

Applicant name (Last)

(First)

(Middle)

Street address

Apartment

City or town

Province

Postal code

CURRENT MOBILITY AND TRANSPORTATION

1. What methods of travel do you currently use? (Check all that apply)

- Conventional bus
- Mobility On-Request Paratransit
- Taxi
- I drive myself
- Someone drives me
- Other

2. Please explain in detail what your everyday mobility is like:

I can never get to or from a conventional transit bus stop because:

2. Which of the following best describes your ability to get on and off a conventional transit bus?

a. I can safely wait for a conventional low-floor bus if there is seating.

- Yes No

If no, please explain why:

b. I can safely get on and off a conventional low-floor bus with no steps.

- Yes No

If no, please explain why:

c. I can handle a fare, take a transfer or show a pass.

- Yes No

If no, please explain why:

USE OF CONVENTIONAL PUBLIC TRANSIT BUSES

1. Which of the following best describes your ability to get to or from a conventional public transit bus stop? (Check only one)

- I am able to walk or roll a city block (175 metres) to a bus stop.
- I am only able to walk or roll a city block (175 metres) to a bus stop with a mandatory support person.

3. In order to travel unaccompanied, clients must be able to independently recognize their destination and inform the driver if they are about to be dropped off at the wrong location. Clients must also be able to independently get help if they were dropped off at the wrong location. If they are not able to do this independently, they will require a mandatory support person when travelling.

3a. Will you require a mandatory support person for medical or behavioural reasons when travelling in a Paratransit vehicle?

- Yes No

If yes, the client must provide their own personal mandatory support person when travelling on Paratransit. The mandatory support person must be capable of meeting the applicant's care needs during travel and getting to and from destinations. **The mandatory support person cannot be a Mobility On-Request Paratransit client.**

b. Are you applying for transportation to a day program or work placement?

- Yes No

c. If yes, hand-to-hand transfers are required for customers who travel to day programs and work placements. This includes signatures at the residence and at the program/work placement.

- Yes No

Do you require a hand-to-hand transfer from your residence?

- Yes No If no, fill out section D.

4a. Do you currently use any of the following assistive devices? (Check all that apply)

- Braces
- Cane
- Certified service animal
- Crutches
- Oxygen tank provide measurements: _____
- Prosthetics
- Scooter
- Walker (specify type):
 - Foldable Non-Foldable
- White cane
- Wheelchair (specify type):
 - Manual Custom power
 - Foldable Transpo foldable

b. If you use a Mobility device, provide the outside dimensions of your mobility aid:

c. Combined weight of applicant and mobility aid:

- Less than 700 lbs
- More than 700 lbs

Note: All mobility aids must be kept clean and in good repair while travelling on York Region Transit. If the mobility aid can not fit in all York Region's Family of Services vehicles, we may not be able to provide service. York Region Transit's wheelchair ramps/lifts vary from 29 to 39 inches wide. Equipment larger than this cannot be accommodated for safety. The combined weight of the passenger and mobility aid must not exceed 700 lbs.

Drivers will provide assistance to and from the first set of accessible building doors and with the securement of mobility aids and seatbelts.

5. If you have a visual impairment, have you had travel training through the CNIB to ride conventional public transit?

- Yes No

Yes, Please attach your travel training report.

No, Six month temporary transportation will be given to allow time to take the training and send Mobility On-Request Paratransit the report.

APPLICATION CHECKLIST

Before you mail, fax or deliver this application, please ensure you have:

- Fully completed this application and double-checked all information.
- Checked that your healthcare professional has completed Section B in full, including certification number and contact information.
- Attached a letter from your day program or workplace (if applicable) verifying times and locations.
- Made a photocopy of the entire application for your records.

SECTION A: For completion by applicant

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THE INFORMATION PROVIDED IN THIS APPLICATION IS CORRECT. I authorize the health care professional named in section B to complete section B as it relates to my functional limitations.

Signature of applicant

Year/month/day

Name of applicant (please print)

If you are **not** the applicant but have completed this application on the applicant's behalf, you must provide the following information:

PLEASE PRINT CLEARLY

Mr. **Mrs.** **Ms.** **Miss**

Name(Last)

(First)

(Middle)

Street address

Apartment

Phone (Daytime)

Relationship to applicant

IMPORTANT REMINDER: Please photocopy the entire completed application for your records in case the original application is not received by Mobility On-Request Paratransit.

SECTION B: For completion by a health care professional

ABOUT YORK REGION TRANSIT MOBILITY ON-REQUEST PARATRANSIT

Mobility On-Request Paratransit is a shared ride door-to-door, public transit service for people with disabilities who are unable to use conventional public transit service for all or part of their trip.

You are being asked by the applicant named in *Section A* to provide information regarding his/her ability to use conventional public transit service.

Applicants with disabilities are generally considered eligible for Paratransit service if their mobility prevents them from using conventional public transit for all or part of their trip.

A person who does not qualify for Mobility On-Request Paratransit door-to-door service in the summer months may still be eligible for seasonal registration during the winter months.

The information you provide will allow us to evaluate the request and provide appropriate service. Thank you for your assistance.

This section must be completed by a registered health care professional (see page 12).

TO COMPLETE SECTION B:

1. The applicant (or representative) has completed section A. Please read section A in its entirety before completing and signing section B.
2. Sections A and B of the application must be filled out **completely** or the application process may be delayed.
3. If you have any questions regarding the completion of the forms, call Mobility On-Request Paratransit at 1-866-744-1119.

Please base your evaluation solely on the applicant's ability or inability to use conventional public transit for all or part of their trip.

Patient's name (please print)

1. I have read section A in its entirety.

Yes

2. Describe the applicant's diagnosis, prognosis, impairments and / or limitations causing disability:

2a. Describe in detail how the applicant's functional limitation affects their ability to board and travel on a conventional low floor bus with no steps for all or part of their trip:

3. Severity of disability / limitations:

Mild Moderate Severe

3a. Have you prescribed a mobility aid to the applicant? (see page 6 for list)

Yes No

4. Is the applicant able to walk 175 metres with or without the assistance of a mobility aid?

Yes No Seasonally

5. Does this applicant have a visual impairment recognized by the Canadian National Institute for the Blind (CNIB)?

Yes No

6. Does this applicant have a cognitive limitation?

Yes No

If **yes**, can this applicant:

6a. Independently recognize their destination and inform the driver if they are about to be dropped off at the wrong location?

Yes No

6b. Independently get help for themselves if dropped off at the wrong location?

Yes No

7. If the applicant is a person with speech impairment, are they able to communicate verbally and/or with an augmentative device and/or in writing?

Yes No

7a. Paratransit is a shared ride, linked service. The vehicle may stop and the driver may exit the vehicle to escort another passenger.

Does this applicant have any behavioral concerns or have a risk of exiting the vehicle and wandering?

Yes No

8. Will the customer require a mandatory support person for medical or behavioural reasons to all locations excluding day programs, when travelling in a Paratransit vehicle?

Yes No

If yes, the client must provide their own personal mandatory support person when travelling on Paratransit. The mandatory support person must be capable of meeting the applicant's care needs during travel and getting to and from destinations. **The mandatory support person cannot be a Mobility On-Request Paratransit client.**

9. It is my professional opinion that the applicant has functional limitations that: (Check one box)

9a. Prevents the applicant from using conventional public transit year-round.

Yes No

9b. Prevents the applicant from using conventional public transit only in the winter (from November 1-March 31).

Yes No

9c. Usually prevents the applicant from using conventional public transit unless accompanied by a mandatory support person.

Yes No

9d. Other (please explain):

10. Expected duration of disability / limitations:

- Temporary: Expected duration until _____ (year/month/day)
- Long-term: No expectation of improvement
- Seasonal: Limitation impacted by winter conditions

I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IN SECTION B IS TRUE.

PLEASE PRINT CLEARLY

Dr. **Mr.** **Mrs.** **Ms.** **Miss**

Name (Last)	(First)	(Middle)
Street address	Apartment	
City or town	Province	Postal code
Phone number	Licence/Certification number	
Date (year/month/day)	Signature	

Profession (Check only one)

- | | |
|---|--|
| <input type="checkbox"/> Licensed physician | <input type="checkbox"/> Nurse practitioner |
| <input type="checkbox"/> Registered occupational therapist | <input type="checkbox"/> Physiotherapist |
| <input type="checkbox"/> Licensed optometrist/ophthalmologist | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Registered Kinesiologist | <input type="checkbox"/> Social worker (MSW, RSW) |
| <input type="checkbox"/> Registered Nurse | <input type="checkbox"/> Speech language pathologist |

Section C: Authorization for release of information

The applicant (or guardian) must complete this section to authorize the release of information provided to Mobility On-Request Paratransit. This is required in order to process the application, if someone else is speaking or making decisions on behalf of the applicant.

PLEASE PRINT CLEARLY

Mr. **Mrs.** **Ms.** **Miss**

Applicant name (Last)

(First)

(Middle)

Street address

Apartment

Phone

Name (Person allowed to discuss the applicant's account)

All information obtained will be kept CONFIDENTIAL between The Regional Municipality of York and the parties specified above.

Applicant Signature

Year/month/day

Substitute decision-maker signature

Year/month/day

Section D: Service Agreement

FOR DAY PROGRAMS / WORK PLACEMENTS (HAND-TO-HAND WAIVER)

_____ has been approved for Mobility On-Request Paratransit service for travel to/from approved day programs and work placements.

By completing and signing this agreement, the client and/or parent/guardian (if the client is under 18 years of age or has a legal guardian) acknowledges that the hand-to-hand requirement for a mandatory support person to be in attendance at the point of departure and arrival is deemed unnecessary, and will be waived for departure and arrival at the client's residence **only**.

Mobility On-Request Paratransit will provide the following:

- Escort the client door-to-door
- Wait until the client crosses the threshold of the first accessible door

Mobility On-Request Paratransit does NOT provide the following:

- Unlock or go through the door of the client's residence
- Wait for a family member to arrive to open the door of the client's residence

By applying for service to/from day programs and work placements without a hand-to-hand attendant, the client or parent/guardian confirms that the passenger is:

- | | |
|--|--|
| <input type="checkbox"/> Fully capable of leaving/arriving at the residence and entering a Paratransit vehicle without any type of assistance | <input type="checkbox"/> Capable of unlocking and /or locking their residence door |
| <input type="checkbox"/> Fully capable of being transported in a Paratransit vehicle without a mandatory support person | <input type="checkbox"/> Fully capable of exiting the Paratransit vehicle and entering their residence independently |
| <input type="checkbox"/> Consents to wearing a vehicle seatbelt and is fully capable of using the seatbelt for safe transport with or without assistance | <input type="checkbox"/> Able to recognize their own residence and knows their address and phone number |
| <input type="checkbox"/> Able to be left unattended in a vehicle if the driver leaves to escort other clients | <input type="checkbox"/> Able to remain in their residence alone without supervision once dropped off |

Names of all responsible parents/guardians (please print clearly):

SECTION D: Hand-to-hand service agreement

Client's residential address:

Day program name and address:

General days and times of required Mobility On-Request Paratransit service:

CONTINGENCY PLAN: In the event that circumstances arise that require assistance for the Mobility On-Request Paratransit client, please provide the necessary contingency plan details below. The contact information provided must be of a family member/friend that lives in **York Region** and is able to accept the client as part of your contingency plan. If none of the contacts below can be reached as part of the contingency plan, future rides will be cancelled (suspended) until the parent/guardian is contacted and this agreement is discussed with them.

Parent / guardian contact information while client is being transported by Mobility On-Request Paratransit:

1) Home/mobile/business: _____ 2) Home/mobile/business: _____

Contingency contacts if parent / guardian is not available:

1) Name: _____ Relationship: _____

Address: _____

Availability as contingency contact: _____

Home/mobile/business: _____

SECTION D: Hand-to-hand service agreement

2) Name: _____ Relationship: _____

Address: _____

Availability as contingency contact: _____

Home/mobile/business: _____

3) Name: _____ Relationship: _____

Address: _____

Availability as contingency contact: _____

Home/mobile/business: _____

BY SIGNING THIS AGREEMENT, I/WE ACKNOWLEDGE THAT I/WE HAVE READ, UNDERSTOOD AND AGREE TO ITS TERMS. PLEASE ENSURE ALL FIELDS ARE COMPLETED.

Client (print name) Year/month/day

Parent/Guardian (print name) Year/month/day

Witness (print name) Year/month/day

Please return all completed documents to:

Mobility On-Request Paratransit

55 Orlando Avenue, 2nd Floor

Richmond Hill, Ontario, L4B 0B4

or fax to: 905-762-2110

or email: mobilityplusfeedback@york.ca

If you have any questions, please call:

1-866-758-0749 ext. 75653

IMPORTANT REMINDER: Please photocopy the entire completed application for your records in case the original application is not received by Mobility On-Request Paratransit.

SECTION E: Client Consent to Mobility On-Request Paratransit

CONSENT*

NOTE TO THE APPLICANT: By signing below, you give permission to Mobility On-Request Paratransit to contact the health care professional who completed your application form. The purpose of contacting the health care professional is solely for the purpose of seeking clarification on information provided by the health care professional on the application form and not to discuss your medical condition or personal information. Please complete this form and return it with your application.

PLEASE PRINT CLEARLY

I, _____, give permission to Mobility On-Request Paratransit to contact my health care professional to seek clarification regarding information provided in my application. I understand that if I choose to revoke my consent at a later date, I may do so by calling the Contact Centre at 1-877-464-9675 ext. 75867

Applicant Signature

Year/month/day

Substitute decision-maker signature

Year/month/day

*York Region Transit (YRT) Mobility On-Request Paratransit will keep your information strictly confidential. Mobility On-Request Paratransit complies with the *Personal Health Information Protection Act, 2004*, and the *Municipal Freedom of Information and Protection of Privacy Act* in safeguarding your information.

Should you have any questions about this consent, please contact 1-877-464-9675 ext. 75867.