

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



 Mobility On-Request Paratransit  
**application package**

Accessible formats or communication supports are available upon request.  
**Transportation Operations, Public Works**



## 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.



## Accessible Door for Escorting Passengers

All Mobility On-Request Paratransit passengers will be escorted by the driver to and from the first accessible door. An accessible door is a driveway or curb cut for the ramp of a MOR Paratransit vehicle, with a flat, level and paved landing area with additional space for an assistive device/passenger and driver. If needed, a MOR Inspector can visit your location to assess its accessibility. To ensure the safety of the passenger and driver, clients must ensure all snow, ice and other debris have been cleared to produce a barrier-free path between the residence doorway/departure area and the end of the driveway.

## How to Apply

This five-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 [mobilityonrequest@york.ca](mailto:mobilityonrequest@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 (optional)** is for applicants who are travelling to a day program or work placement and wish to waive the hand-to-hand signature process to/from the customer's residence.

**Section E (optional)** – 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 for Community Support Services and then Press #7 for Mobility On-Request Paratransit Eligibility Appeal Panel.

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.



**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 12** 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

## Level of Eligibility

Your level of eligibility will be determined by Mobility On-Request Paratransit based on the information provided in your application.

It is the responsibility of the customer to inform staff if their health condition, personal information and/or assistive device changes. You will be required to renew your application if changes occur, to ensure current eligibility.

Please fill out this application completely, including verification of medical status by a health care professional in *section B*.

\* See page 12 for a listing of accepted health care professionals.

If your application is incomplete, it will be returned to you or you may be contacted for further information. Your answers in *section A* will ensure that staff has a clear understanding of your eligibility and service requirements.

**PLEASE PRINT CLEARLY**

Mr.  Mrs.  Ms.  Miss  Mx.

Applicant name (Last)

(First)

(Middle)

Street address

Unit #

City or town

Province

Postal code

Phone (Home)

(Mobile)

TTY/TDD number (for deaf, deafened or hard of hearing)

Email address (to assist with response times)

Date of birth (year/month/day)

**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)	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    Mx.

_____	_____	_____
Applicant name (Last)	(First)	(Middle)
_____	_____	_____
Street address		Unit #
_____	_____	_____
City or town	Province	Postal code

## SECTION A: For completion by applicant

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

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Conventional bus                   | <input type="checkbox"/> Taxi              | <input type="checkbox"/> Other transit agencies ID no. |
| <input type="checkbox"/> Mobility On-Request<br>Paratransit | <input type="checkbox"/> I drive myself    | _____  |
|   | <input type="checkbox"/> Someone drives me | _____  |

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

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### 3. 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.
- I can never get to or from a conventional transit bus stop because:

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

- Yes       No      If no, please explain why:

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In order to travel unaccompanied, applicants must be able to independently recognize their destination and inform the driver if they are about to be dropped off at the wrong location. Applicants 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.

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

- Yes       No

If yes, the applicant 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.**

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

- Yes       No

## SECTION A: For completion by applicant

Hand-to-hand transfers are required for applicants who travel to day programs or work placements. This involves signatures at the residence and program/work placement. If you wish to waive the signature at the applicant's residence, please fill out *section D*.

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

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Braces                         | <input type="checkbox"/> Prosthetics            | <input type="checkbox"/> Wheelchair (specify type): |
| <input type="checkbox"/> Cane                           | <input type="checkbox"/> Scooter                | <input type="checkbox"/> Manual                     |
| <input type="checkbox"/> Certified service animal       | <input type="checkbox"/> Walker (specify type): | <input type="checkbox"/> Custom power               |
| <input type="checkbox"/> Crutches                       | <input type="checkbox"/> Foldable               | <input type="checkbox"/> Foldable                   |
| <input type="checkbox"/> Oxygen tank<br>(measurements:) | <input type="checkbox"/> Non-Foldable           | (may be stored in trunk)                            |
| _____   | <input type="checkbox"/> White cane             | <input type="checkbox"/> Transpo foldable           |

7b. If you use an assistive device, please provide the length/width and make and model:

\_\_\_\_\_

7c. Combined weight of applicant and assistive device:

- Less than 700 lbs     More than 700 lbs

**Important:** All assistive devices must be kept clean and in good repair while travelling on York Region Transit. If the assistive device 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 vary from 29 to 33 inches wide. Equipment larger than this cannot be accommodated for safety. The combined weight of the passenger and assistive device must not exceed 700 lbs. Drivers will provide assistance to and from the first set of accessible building doors and with the securement of assistive devices and seatbelts.

### 8. If you have a visual impairment, have you travel trained through the CNIB to ride conventional public transit?

- Yes                      **Yes,** Please attach your travel training report.
- No                         **No,** Six month temporary transportation will be given to allow time to take the training and send Mobility On-Request Paratransit the report.
- Not applicable

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## Application checklist

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

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|--|--|
| <input type="checkbox"/> Fully completed this application and double-checked all information.  | <input type="checkbox"/> Attached a letter from your day program or workplace (if applicable) verifying times and locations. |
| <input type="checkbox"/> Checked that your healthcare professional has completed <i>section B</i> in full, including certification number and contact information. | <input type="checkbox"/> Made a photocopy of the entire application for your records.  |

**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**    **Mx.**

\_\_\_\_\_  
Name(Last)

\_\_\_\_\_  
(First)

\_\_\_\_\_  
(Middle)

\_\_\_\_\_  
Street address

\_\_\_\_\_  
Unit #

\_\_\_\_\_  
City or town

\_\_\_\_\_  
Province

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
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

### 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 their functional 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 functional ability to use conventional public transit for all or part of their trip.

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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:

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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:

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3. Severity of disability / limitations:

Mild       Moderate       Severe

4. Have you prescribed a assistive device to the applicant? (see page 6 for list)

Yes       No

5. Is the applicant able to walk 175 metres with or without the assistance of a assistive device?

Yes       No       Seasonally (from November 1 to March 31)

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

Yes       No

7. Does this applicant have a cognitive limitation?

Yes       No

If **yes**, can this applicant:

**7a. Independently recognize their destination and inform the driver if they are about to be dropped off at the wrong location?**

- Yes       No

**7b. Independently get help for themselves if dropped off at the wrong location?**

- Yes       No

**8. 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

**9. 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 applicant 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.**

**10. Expected duration of disability/limitations:**

- Temporary: Expected duration until (choose one):     3 months     6 months  
 Long-term: No expectation of improvement  
 Seasonal: Limitation impacted by winter conditions (from November 1 to March 31)

**11. Additional information:**

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

**PLEASE PRINT CLEARLY**

Dr.  Mr.  Mrs.  Ms.  Miss  Mx.

\_\_\_\_\_  
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 |
| <input type="checkbox"/> Registered practical nurse           |  |

## 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. If someone else is speaking or making decisions on behalf of the applicant, this section is required in order to process the application.

**PLEASE PRINT CLEARLY**

Mr.  Mrs.  Ms.  Miss  Mx.

Applicant name (Last)

(First)

(Middle)

Street address

Apartment

City or town

Province

Postal Code

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)

\_\_\_\_\_ may be approved for Mobility On-Request Paratransit service for travel to/from approved day programs and work placements.

By completing and signing this agreement, the applicant and/or parent/guardian (if the applicant is under 18 years of age or has a legal guardian) acknowledges that the hand-to-hand signature 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 applicant's residence **only**.

#### **Mobility On-Request Paratransit will provide the following:**

- Escort the applicant from the first accessible door of the home to the vehicle, and from the vehicle to the home or day program
- 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 signature, the applicant 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):

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## SECTION D: Hand-to-hand service agreement

Applicant's residential address:

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Day program/work placement name and address:

(Please ensure you attach an additional letter from the approved day program/work placement advising the days, times and address.)

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

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**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) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Contingency contacts if parent/guardian is not available:**

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Availability as contingency contact: \_\_\_\_\_

Home/mobile/business: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

## SECTION D: Hand-to-hand service agreement

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.**

\_\_\_\_\_  
Applicant (print name)

\_\_\_\_\_  
Year/month/day

\_\_\_\_\_  
Parent/Guardian (print name)

\_\_\_\_\_  
Year/month/day

\_\_\_\_\_  
Witness (print name)

\_\_\_\_\_  
Year/month/day

### PLEASE RETURN COMPLETED DOCUMENTS TO:

Mobility On-Request Paratransit  
55 Orlando Avenue, 2<sup>nd</sup> Floor  
Richmond Hill, Ontario, L4B 0B4

or fax to: 905-762-2110

or email: [mobilityonrequest@york.ca](mailto:mobilityonrequest@york.ca)

If you have any questions, please call:  
1-877-464-9675 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 1-866-744-1119.

\_\_\_\_\_  
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.