



Access Transit

Application Form



PART A



saskatoontransit.ca/access

GENERAL INFORMATION

Access Transit is for those who are unable to use the conventional transit¹ system for all or part of their trip with safety and dignity. Service is provided using lift-equipped buses and cabs within the city limits of Saskatoon on a shared-ride “accessible door to accessible door” basis, providing a safe and secure trip from origin to destination including assistance with getting to the vehicle, getting on the vehicle, securement of you and your mobility device within the vehicle, exiting from the vehicle, and assistance to the destination accessible door.

Access Transit service is NOT a taxi service. It is a shared ride service where booking and scheduling decisions are made to allow as many riders as possible to use the system while staying within our budgetary guidelines. Operators attempt to keep travel times under 60 minutes; however passengers may encounter travel times of up to 75 minutes.

Fares can be paid using cash or Transit Go Cards which are accepted on all Saskatoon public transit. Trips can be booked by phone or email up to one week in advance.

Applicants are encouraged to use Saskatoon Transit’s accessible low-floor buses. For more information about Saskatoon Transit Services, call 306-975-3100 or visit www.SaskatoonTransit.ca.

Please send completed application forms to:



Mail:

Access Transit
422 46th Street East
Saskatoon, SK S7K 0W9



Email:

AccessTransit@saskatoon.ca



Fax:

306-975-3572

¹ Conventional Transit means accessible, fixed route public transit.

PLEASE DO NOT FAX THIS PAGE

APPLICATION

- The purpose of the Application Form is to ensure all passengers meet the eligibility requirements.
- Any charges incurred for completing this form or for obtaining additional information are the responsibility of the applicant. The completion of the application form does not guarantee eligibility.
- Only fully completed, signed applications will be considered for approval.
- Incomplete forms will be returned and you will be required to provide complete information before your application will be reviewed.
- Please photocopy the entire completed application for your records in case the original application is not received by Access Transit.
- Please review this application with your medical professional prior to submission.

Part A: must be completed by all applicants.

Part B: must be completed and signed by a qualified health care practitioner familiar with your disability.

For more information, please call Access Transit at **306-975-3555** or email us at AccessTransit@saskatoon.ca

APPEAL PROCESS

Applicants whose application for Access Transit service is denied will receive a follow-up letter. If you have questions about a denied application, please call 306-975-3555 during business hours. Appeals to the decision may also be made in writing to:



Secretary, Access Transit Appeals Board

City Clerk's Office

City of Saskatoon

222 3rd Avenue North

Saskatoon, SK S7K 0J5

For enquiries regarding the appeals process, please contact the Secretary of the Access Transit Appeals Board, City Clerk's Office at 306-975-3240.

PLEASE DO NOT FAX THIS PAGE

PART A: Applicant Information (please print)

New Application **Renewal**

Last Name: _____

First Name: _____ Date of Birth: MM / DD / YY

Address: _____

City: _____ Postal Code: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email Address: _____

Emergency Contact:

Emergency Contact Name: _____

Relationship to Applicant: _____

Emergency Contact Phone Number: (____) _____

Mailing Address:

For Access Transit information if different from or in addition to above:

Name: _____

Address: _____

City: _____ Postal Code: _____

I use a wheelchair or scooter on a permanent basis, all the time

FOR OFFICE USE ONLY:

Approved Unconditional

Approved Temporary

Approved Conditional

Denied

Registration Date: MM / DD / YY

Expiry date: MM / DD / YY

Registration #: _____

Info Package Sent: MM / DD / YY

Approved by (Supervisor name): _____

1. Which mobility aid(s) do you use (check all that apply)?

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Manual Wheelchair (non-collapsible) | <input type="checkbox"/> Prosthesis |
| <input type="checkbox"/> Walking cane | <input type="checkbox"/> Manual Wheelchair (collapsible) | <input type="checkbox"/> Oxygen* |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> Motorized Wheelchair* | <input type="checkbox"/> Respirator* |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Oversize Wheelchair* | <input type="checkbox"/> Ventilator |
| <input type="checkbox"/> Leg Braces | <input type="checkbox"/> Scooter* | <input type="checkbox"/> Service Animal |
| <input type="checkbox"/> Broda Chair* | <input type="checkbox"/> Communication Device | <input type="checkbox"/> White cane |
| <input type="checkbox"/> Other: | | |

*These mobility aids must meet our size and weight requirements for proper securement. Dimensions must be listed below.

2. If you have checked any items above marked with an asterisk (*), please provide the dimensions below:

Measure side to side at the widest point, front to back at the widest point, and top to bottom at the tallest and lowest points. An example is provided in the first row

| Device | Width side to side <i>inches/cm</i> | Length front to back <i>inches/cm</i> | Height top to bottom <i>inches/cm</i> | Weight <i>lbs/kgs</i> |
|------------------------|--|--|--|---------------------------------|
| <i>Motorized chair</i> | <i>33 inches</i> | <i>41 inches</i> | <i>36 inches</i> | <i>150 lbs</i> |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

3. Explain what your everyday mobility is like now.

E.g. How many stairs do you have at home? How do you get around the city and get to appointments or events now? Any other mobility limitations you may have?

4. Have you taken travel training through Saskatoon Transit, SCOA, or CNIB for conventional transit?

YES NO

If **yes**, did the training include any of the following:

Use of the ramp/kneeler Paying fare Transfers
 Getting on and off the bus Using the real-time transit app

If **no**, would you be willing to participate in travel training on our fully accessible *conventional* buses?

YES NO

5. Are there any times of the year when you can travel on a conventional transit bus? Please explain.

6. Is your condition expected to improve or change over time?

(e.g. Mobility after knee surgery will improve in a few months' time.)

YES NO

If **yes**, please explain:

7. How many city blocks are you able to travel alone or with a travel companion²? A city block is typically about 175 meters or 575 feet.

8. Is the distance you can walk affected by weather or time of day?

YES NO

If **yes**, please explain:

2 A travel companion is an individual who travels with the client on occasion but is not mandatory for all trips. The person would pay fare as normal and provide assistance if needed.

9. I can safely wait for a low-floor bus, a bus with no steps and with a ramp, if there is seating available at the bus stop.

YES NO

10. Can you step on/off a curb and cross the street?

YES NO

11. After sitting for a lengthy period can you stand without assistance?

YES NO

12. Can you recognize landmarks?

YES NO

13. Can you handle fare, bus pass, and transfers?

YES NO

If you answered **NO** to question 12 or 13 please explain:

14. Please provide any additional information that may be relevant to your application that would allow us to better serve you.

RELEASE OF INFORMATION

I, the applicant, understand the purpose of this application form is to determine my eligibility to use the Access Transit Service. I agree to release the information requested to Access Transit and in the event of an appeal, the Access Transit Appeals Board. I understand that the information contained herein will be treated confidentially. I understand further, that Access Transit reserves the right to request additional information.

I hereby declare that the information provided above is true and correct and represents my condition.

| |
|--|
| Applicant Signature: _____ Date: <u>MM</u> / <u>DD</u> / <u>YY</u> |
|--|

If someone else completed this form on your behalf, please indicate below.

Name (print): _____

Signature: _____ Date: MM / DD / YY

Relationship to Applicant: _____

Address: _____

Phone: (____) _____

How long have you known the applicant? _____

This information is being collected for use by Access Transit (which included the City of Saskatoon and *independent private contractors* involved in providing paratransit services) for processing of this form, determination of eligibility for Access Transit and provision of Access Transit to successful applicants. Information collected on this form may also be used by Access Transit for statistical research or transit training purposes, or to improve service in the Access Transit program. It is protected by the privacy provisions of *The Local Authority Freedom of Information and Protection of Privacy Act*. If you have any questions, please call 306-975-3555.