



Access Transit **Application Form**



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 B: ACCESS TRANSIT EXTERNAL ASSESSMENT

To be completed by a Health Care Practitioner (Registered Nurse, Registered Nurse Practitioner, Registered Psychiatric Nurse, Licensed Practical Nurse, Occupational Therapist, Physical Therapist, Rehabilitation Therapist, or Physician).

Access Transit is a specialized public transportation service for those with temporary or permanent disabilities who are restricted in using regular transit bus service. Access Transit is a shared-ride transportation service, not a taxi service. Although Access Transit attempts to minimize travel time, passengers may ride on the vehicle for up to 75 minutes.

Any charges incurred for completing this form or for obtaining additional information are the responsibility of the applicant. The completion of the assessment does not guarantee eligibility.

The purpose of this assessment is to provide sufficient information about the applicant to permit Access Transit staff to assess the applicant's eligibility for the service. Access Transit may request more information from the person completing this assessment.

- All parts of this assessment must be completed and signed by a qualified health care practitioner familiar with the applicant's disability.
- Clearly describe the applicant's ability/inability to use regular transit and under what conditions.
- Any forms that are incomplete or with responses that are unclear will be returned.
- Incomplete applications will not be processed.

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

For more information, call 306-975-3555

PLEASE DO NOT FAX THIS PAGE

PART B: External Assessment (please print)

Applicant's Last Name: _____

Applicant's First Name: _____

1. I have read section A (applicant's section) in its entirety.

YES NO

If no, please review with the applicant before proceeding.

2. Does the applicant use a wheel chair or scooter on a permanent basis?

YES NO

If yes, go to question 2a.

If no, go to question 3 and complete the balance of the application.

2a. Is the applicant able to use conventional transit if conditions are favourable? Conditions may include weather, opportunity to wait at a bus stop, sidewalk accessibility, etc.

YES NO

If yes, go to question 2b.

If no, please explain why and disregard the remainder of the application.

2b. Please describe the limiting factors. An Access Transit representative will call to discuss specifics of these limitations. Please disregard the balance of the application.

3. What is the mobility or cognitive impairment that restricts the applicant's ability when travelling outside their home?

4. How does this condition affect the applicant’s ability in the following areas?

<p>Walking/Mobility/ Strength/Endurance</p>	<p><i>How far? Balance? Endurance affected by cardio/pulm? Assistance with standing/sitting? Manage stairs? How many?</i></p>
<p>Vision/Perception</p>	
<p>Memory/Cognition</p>	<p><i>Any deficits that pose concern?</i></p>
<p>Behaviours or Attitudes that affect travelling?</p>	
<p>Other Health Concerns (that may affect mobility)</p>	<p><i>Diabetes, Obesity, Angina, etc.</i></p>

**5. Do the above limitations vary with season and/or time of day?
(e.g. night, winter)**

YES NO

If yes, please explain:

**6. Will the effects of the applicant’s disability decrease or change over time?
(e.g. mobility after knee surgery will improve in a few months’ time)**

YES NO

Please explain:

7. Does the applicant's disability or health condition PREVENT or make difficult the use of low floor buses which are buses without stairs?

YES NO SOMETIMES

Please explain:

8. Does the applicant's disability or health condition PREVENT the use of conventional transit schedules and bus stops?

YES NO SOMETIMES

Please explain:

9. Could the applicant learn to use the conventional transit system with coaching and training?

YES NO

Please explain:

10. In rare circumstances a customer may have medical or behavioural issues that can affect their own safety (or safety of others on board) while the bus is travelling. A mandatory attendant² will be required as a safe-guard for such customers on ALL bookings. Based on this definition, do you feel a mandatory attendant is required for this applicant?

YES NO

If yes, please explain:

2 An attendant must travel with the client on all trips, all the time, no exceptions. An attendant does not pay fare.

11. Can the applicant be left alone at his/her destination or home?

YES NO

If no, please explain:

12. Did you complete a functional ability and cognitive assessment of the applicant?

YES NO

If yes, please explain and provide the date the assessment was completed:

INDICATE WHO COMPLETED PART B

Health care practitioner completing the form for applicant.

Name (print): _____

Signature: _____ Date: MM / DD / YY

Relationship to Applicant: _____

Qualifications: _____

Address: _____

Phone: (_____) _____

How long have you (or your agency) been involved with the assessment of this person's condition? _____

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.