

Access Transit Application Form



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, proving 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 OW9



Email:

AccessTransit@saskatoon.ca



Fax:

306-975-3572

PLEASE DO NOT FAX THIS PAGE

¹ Conventional Transit means accessible, fixed route public transit.

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.

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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.

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PART B: External Assessment (please print)

Ар	Applicant's Last Name:						
Ар	plicant'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						
3.	What is the mobility or cognitive impairment that restricts the applicant's ability when travelling outside their home?						

Walking/Mobility/ Strength/Endurance	How far? Balance? Endurance affected by cardio/pulm? Assistance with standing/sitting? Manage stairs? How many?
Vision/Perception	
Memory/Cognition	Any deficits that pose concern?
Behaviours or Attitudes that affect travelling?	
Other Health Concerns (that may affect mobility)	Diabetes, Obesity, Angina, etc.
Do the above limitations va (e.g. night, winter) YES NO If yes, please explain:	ary with season and/or time of day?
	icant's disability decrease or change over time? rgery will improve in a few months' time)

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

	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				
	5 1					
	Please expl	ain:				
	Please expl	ain:				
0.	In rare circ that can at is travellin such custo	cumstances a ffect their own g. A mandato omers on ALL	customer may have medical or behavioural issues n safety (or safety of others on board) while the bus ry attendant ² will be required as a safe-guard for bookings. Based on this definition, do you feel a required for this applicant?			
О.	In rare circ that can at is travellin such custo	cumstances a ffect their own g. A mandato omers on ALL	n safety (or safety of others on board) while the bus ry attendant ² will be required as a safe-guard for bookings. Based on this definition, do you feel a			

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 e	explain:			
12.	Did you complete a functional ability and cognitive assessment of the applicant?				
	YES	□ NO			
	If yes, please	as completed:			
IN	DICATE W	/HO COMPLETED PART B			
Health care practitioner completing the form for applicant.					
Nai	me (print):				
Name (print):					
Signature: Date: MM / DD / Y					
Relationship to Applicant:					
Qualifications:					
Ad	dress:				
Pho	one: ()				
	w long have yondition?	u (or your agency) been involved with the asse	essment of this person's		

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.