

Access Transit Application Form

JUNE 2023



GENERAL INFORMATION

Access Transit is a specialized public transportation service that provides on-demand trips for individuals with temporary or permanent disabilities who cannot take fixed-route transit due to physical or cognitive limitations. Access Transit operates seven days a week, including stat holidays, and has a fleet of lift-equipped buses that provide trips within the city limits of Saskatoon. Access Transit provides a crucial service to individuals with disabilities in Saskatoon and aims to provide efficient customer service while also maintaining policies that ensure fair use of their services.

Details:

- > Trips are booked up to three days in advance.
- Riders pay the same fare using the same fare payment options as fixed-route transit.
- Many Access Transit customers find using both fixed-route and Access services together to be very convenient to their lifestyle.
- Access drivers provide assistance from accessible door to accessible door.
- Drivers will assist customers up or down no more than one step, provided it is safe to do so.
- Access transit is a shared-ride service, not a taxi service, so trips are rarely direct from one point to another.

Access Transit passengers may encounter travel times of up to 75 minutes. Fares can be paid using cash, mobile ticketing (TGo or Transit app) or Transit Go Cards which are accepted on all Saskatoon Transit vehicles.

Access Transit has a No-Show and Late Cancellation policy to curb the high number of no-shows and late-cancelled trips. Accumulation of points above a certain level will result in restricted or limited use of Access Transit.

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 **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

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.

- Applications are reviewed regularly. You may be required to reapply periodically to renew eligibility.
- 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

E.g., a Licensed Physician, Physical Therapist, Occupational Therapist, Psychologist,

RN/LPN, Recreational Therapist or Optometrist.

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

APPEAL PROCESS

Applications must be submitted within 30 days (about 4 and a half weeks) of decision. 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: | |
| Address: | |
| City: | |
| Home Phone: () Cel | l 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: |
| Would you like us to send you an Access Transit New If yes, how would you like to receive the newsletter? I use a wheelchair or scooter on a permanent ba | Email Mailing Address |
| | |
| FOR OFFICE USE ONLY: Approved Unconditional (Permanent) Approved Conditional (Seasonal) Registration Date: YY / MM / DD Client ID #: Registration #: Approved by (Supervisor name): | Approved Temporary (Up to two years) Denied Expiry date:// PW #: Info Package Sent:/// |
| Comments: | |

| (| None | | | | | | |
|------------|---|-----------------------------------|------------------------------------|---|---|----------------------------|--|
| | | <u> </u> | ıal Wheelchair (| non-collapsible) | U Pro | sthesis | |
| | | Manu | ual Wheelchair (| collapsible) | Oxy | Oxygen* | |
| (| | | Motorized Wheelchair* | | Res | Respirator* | |
| (| Walker | Over | Oversize Wheelchair* | | ☐ Ver | Ventilator | |
| (| Leg Braces | Scooter* | | Ser | Service Anima | | |
| | Broda Chair* | Com | munication Dev | ice | ☐ Wh | ite cane | |
| | Other: | | | | _ | | |
| ** | *These mobility aids must Dimensions must be list *Service animals require Access Transit at 306-9 | ed below an additi | r. onal registration | n form not includ | | | |
| I | If applicable, does | - | ace of reside | ence have a r | amp or platfo | rm lift? | |
| l | J 123 | | | | | | |
| | If you have checked | • | | narked with a | an asterisk (*) | , | |
| 1 | If you have checked | dimens he widest | ions below: t point, front to | back at the wide | est point, and top | | |
| i t | If you have checked please provide the Measure side to side at the | dimens he widest | ions below: t point, front to | back at the wide | est point, and top | to bottom | |
| ! t | If you have checked please provide the Measure side to side at the the tallest and lowest po | dimens he widest | t point, front to example is provi | back at the wide ded in the first re Length front to back | est point, and top ow: Height top to bottom | to bottom | |
| k t | If you have checked please provide the Measure side to side at the the tallest and lowest po | dimens he widest ints. An e | t point, front to example is provi | back at the wide ded in the first r Length | est point, and top ow: Height | to bottom Weight Ibs/kgs | |
| k t | If you have checked please provide the Measure side to side at the the tallest and lowest po Device | dimens he widest ints. An e | t point, front to example is provi | back at the wide ded in the first re Length front to back inches/cm | est point, and top ow: Height top to bottom inches/cm | to bottom Weight Ibs/kgs | |
| k t | If you have checked please provide the Measure side to side at the the tallest and lowest po Device | dimens he widest ints. An e | t point, front to example is provi | back at the wide ded in the first re Length front to back inches/cm | est point, and top ow: Height top to bottom inches/cm | to bottom Weight Ibs/kgs | |
| i t | If you have checked please provide the Measure side to side at the the tallest and lowest po Device | dimens he widest ints. An e | t point, front to example is provi | back at the wide ded in the first re Length front to back inches/cm | est point, and top ow: Height top to bottom inches/cm | | |

| Э. | fixed-route 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 | | | | | | |
| 6. | Are there any times of the year when you can travel on an accessible fixed-route transit bus? Please explain. | | | | | | |
| 7. | Is your condition expected to improve or change over time? (For example, mobility after knee surgery will improve in a few months' time.) | | | | | | |
| | YES, my condition is expected to improve NO, this is a permanent condition | | | | | | |
| | If yes, please provide prognosis for recovery: | | | | | | |
| 8. | How long are you requiring the services of Access Transit? | | | | | | |
| 9. | How many city blocks are you able to travel alone or with a travel companion ¹ ? A city block is typically about 175 meters or 575 feet. | | | | | | |
| 10. | Does the time of day or weather impact your mobility and how you get around? | | | | | | |
| | ☐ YES ☐ NO | | | | | | |
| | If yes, please explain what factors limit your abilities: | | | | | | |
| | | | | | | | |

¹ 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.

| 11. | Can you safely ride a low-floor, accessible fixed-route bus if there is courtesy seating available and the operator assisted with retrieving and securing your mobility aid? | | | | | |
|-----|--|---------------------|--|--|--|--|
| | YES | NO | | | | |
| 12. | Can you step | on/off a curb an | d cross the street? | | | |
| | YES | NO | | | | |
| 13. | After sitting | for a lengthy peri | od can you stand without assistance? | | | |
| | YES | □ NO | | | | |
| 14. | Can you reco | gnize landmarks | ? | | | |
| | YES | □ NO | | | | |
| 15. | Can you hand | dle fare, bus pass | , and transfers? | | | |
| | YES | ☐ NO | | | | |
| | If NO to ques | stion 14 or 15, wha | at is limiting your ability to complete this task? | | | |
| | | | | | | |
| 16. | What are you currently get | | quently visited destinations, and how do you | | | |
| | Destination: | | How do you get there now? | | | |
| | 1) | | | | | |
| | 2) | | | | | |
| | 3) | | | | | |
| 17. | 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:// | , | | | |
|--|---------|-------|--|--|--|
| If someone else completed this form on your behalf, please indicate below. | | | | | |
| Name (print): | | | | | |
| Signature: | Date:/_ | / | | | |
| Relationship to Applicant: | YY MM | D D | | | |
| 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.