

MOOSE JAW PARATRANSIT SERVICE APPLICATION FORM

*The City of Moose Jaw Paratransit Service is a shared ride public transportation system for Moose Jaw residents and visitors who cannot use regular transit due to a disability. **Lack of availability of Moose Jaw Transit bus service is not considered a valid reason for applying for the Moose Jaw Paratransit Service.***

Paratransit is a shared ride transportation system, not a taxi service. Applicants are encouraged to utilize Moose Jaw Transit's accessible low-floor buses whenever possible.

Paratransit operators are required to assist passengers to and from the paratransit vehicle to the inside of the closest accessible door and with the securing of mobility aids and seatbelts. One attendant may travel with you if required (charges apply).

*Only applications which are **FULLY COMPLETED AND SIGNED** will be considered for approval. Incomplete forms will be returned. Any charges incurred for completing this form or for obtaining additional information are the responsibility of the applicant. The submission of this application does not guarantee eligibility.*

This application will be reviewed and eligibility will be determined in consultation with professionals as designated by the applicant. The eligibility determination will be made within 21 days of receipt of completed application. The final determination of eligibility will be in writing and will inform the applicant of the acceptance or denial of eligibility and in the case of a denial, the reason(s) for such. In the event eligibility is denied, a full description of the appeals process shall be included with the written determination.

PLEASE PRINT CLEARLY/MUST BE COMPLETE

LAST NAME:	FIRST NAME:
STREET ADDRESS:	
CITY:	POSTAL CODE:
HOME PHONE#:	ALTERNATE PHONE#:
FEMALE _____ MALE _____	D.O.B. Day Month Year
Mailing Address – If Different From Above:	
ADDRESS:	
CITY:	POSTAL CODE:
EMERGENCY CONTACT NAME:	
EMERGENCY CONTACT NUMBER:	

Which mobility aid(s) do you use when travelling (check all that apply)

None	Cane	Leg Braces	Prosthesis	Crutches	Service Animal	Oxygen	Respirator/ Ventilator	Walker	Manual Wheelchair	Electric Wheelchair	Broda Chair	Scooter	Other

Please note –

- If a wheelchair or scooter is used, the Paratransit platform lift measures 32” X 51”
- If the combined weight of the passenger and mobility aid exceeds 600 lbs. please advise the dispatcher of the approximate combined weight.

Approximate combined weight

SECTION A – To be completed by applicant, advocate or guardian

Can you go up and/or down steps without help?

YES NO

How are you getting around now (Check all that apply)?

- Regular transit bus service Own car
 Family or friends Volunteers or staff
 Taxi Other

How many blocks can you walk outside in ideal conditions? _____

Can you be left alone at your destination or home?

YES NO

What changes have taken place that affect how you may travel outside your home?

Are you registered to receive paratransit service in another community?

If so, where? _____

Are you familiar with or have you travelled on board our regular City Transit bus service?

YES NO

If yes, when was the last time you used regular transit bus service? _____

Could the low-floor service accommodate your mobility needs? _____

Please describe any conditions(s) which affect your ability to use regular transit bus service (bus stop locations, distances, terrain, etc) _____

Do the above limitations vary with season and/or time of day (eg. Night, winter)?

YES NO

If yes, please explain:

Will the effects of the applicant's disability decrease or change over time? (eg. Mobility after knee surgery will improve in few months' time)

YES NO

Please explain:

Is the applicant able to ride a conventional bus if the operator assigned them priority seating and assisted with retrieving and securing the mobility aid?

YES NO

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

Does the applicant's disability or health condition **PREVENT** or make difficult the use of regular transit schedules and bus stops?

Please explain:

If someone else completed this application form for applicant (Advocate, guardian or health/social service practitioner), please indicate

Name
(print): _____

Signature _____ Date _____

Relationship to Applicant:

Qualifications:

Address:

Phone:

SECTION B – To be completed by a Medical Practitioner

What is the mobility or cognitive impairment which restricts the applicant’s ability when travelling outside their home?

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

Walking/Mobility Strength/Endurance	(How far? Balance? Endurance affected by cardio/pulm? Assistance with standing/sitting?)
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...)

Could the applicant learn to use regular transit system with coaching and training?

Please explain:

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 attendant 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:

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

YES

NO

If no, please explain:

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:

Expected duration of disability/limitations:

_____ Temporary: Expected duration until _____ (yr/m/day)

_____ Long-term: No expectation of improvement

_____ Seasonal: Limitation impacted by winter conditions

Please indicate who completed Section B – Health care practitioner completing the form for applicant.

Name

(print): _____

Signature

Date

Relationship to Applicant:

Qualifications:

Address:

Phone:

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

RELEASE OF INFORMATION:

I, the applicant, understand that the purpose of this application is to determine my eligibility to use the City of Moose Jaw Paratransit Service. I agree to release the information requested to Moose Jaw Transit staff and to any eligibility review panel and understand that the information contained herein will be treated confidentially and further, I understand that Moose Jaw Transit reserves the right to request additional information at its discretion.

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

Applicant Signature and Date

*Please send completed application form to:
Moose Jaw Paratransit Service
C/O Moose Jaw Transit Department
228 Main Street North Moose Jaw, SK S6H 3J8
Forms may be faxed to (306) 694-4022*

FOR FURTHER INFORMATION CALL 694-4488

FOR OFFICE USE ONLY:	
DATE RECEIVED:	
ENROLMENT DATE:	CARD #
TEMPORARY TO:	