

Introduction to Timmins Handy Transit Accessible Service

Introduction

Handy Transit is a door-to-door, shared specialized public transportation service which might be for those who are, due to a disability, unable to use the accessible, conventional bus service for all or part of a trip.

Timmins Transit's Conventional Bus Service

This service provides public transportation for the residents of the City of Timmins. Keep in mind as you fill out this application, that you may be able to use the conventional service for at least some of your trips. Timmins Transit has many features that make it easier for individuals with various abilities to ride the bus:

- 100% wheelchair accessible low-floor buses on all routes (buses "kneel" and there is a ramp to make it easier to enter and exit a bus);
- Priority seating is available for those who have difficulty standing and for wheelchair and scooter access;
Note: not all wheelchairs and scooters can be accommodated on Transit buses. Please call Timmins Transit for information;
- If required and upon approval, a support person can ride free of charge;
- Bus operators have received training on how to assist persons with disabilities.
- All buses automatically announce and visually display upcoming bus stops;
- Approximately 90% of the City of Timmins Transit's urban area is within 400 metres walking distance of a bus stop; and
- A night stop program is available that provides for extra safety at night. Just ask your driver to drop you off between bus stops, closer to your destination.

Eligibility for Service

The Handy Transit service is intended for persons with a disability or health condition who are unable to access the City's conventional public transit buses. To use this service, you must become a registered member of Handy Transit.

Eligibility will be assessed based on the information provided on this application form and any interview results.

1. The specialized transit service is not for those who find it more difficult or who are reluctant or unwilling to use an accessible public transportation system.
2. Eligibility is not based on a particular disability and persons are approved on a case-by-case basis.
3. Eligibility is not based on age or income.
4. Eligibility is not based on the lack of availability of accessible conventional transit in the area in which the person resides.

Eligibility for specialized transit, if approved, falls under one of these categories:

1. Unconditional – a person with a disability that prevents them from using conventional transit;
2. Temporary – a person with a temporary disability that is expected to improve, that prevents them from using conventional transit. (example: surgery recovery); and
3. Seasonal – a person with a disability where winter conditions limit their ability to consistently use conventional transit.

A registrant's eligibility will be reviewed a minimum of every three (3) years.

How to Apply

The application package must be completed in full to avoid delays in processing. Incomplete or illegible applications will not be processed and will be returned to you for completion. The completion of this application does not guarantee eligibility. Each applicant must fill out a separate application.

Definitions

Hand-to-Hand Attendant – is required by the registrant at all drop-off locations. The registrant is able to travel alone; however, requires an attendant to meet them at their destination. Without the hand-to-hand attendant present, a Handy Transit operator is unable to leave the registrant at their destination alone.

Support Person – is required by the registrant for support while traveling on Handy Transit due to being unable to travel alone on the bus. A medical professional must support the need for a support person.

Companion – Registrants may have a person occasionally travel with them on the service. A registrant must indicate at the time of booking a trip if a companion will be traveling with them. Companion travel may be restricted based on availability of room on the bus. All companions must pay a fare.

Section A – provides us with your pertinent information and contains questions about your ability/inability to use accessible public transit and should be completed by the applicant.

Section B – are the Specialized Transit service agreements. Hand-to-Hand Attendant Service Agreements for applicants. The agreement on page 6 must be completed if you **do** require a hand-to-hand attendant. The waiver on page 7 must be completed if you **do not** require a hand-to-hand attendant.

Authorization of Release of Information – authorizes the release of the information you have provided to specialized transit for consideration of this application.

Section C – must be completed by one of the following health care professionals: Physician, Nurse Practitioner, Registered Nurse (RN), Physiotherapist, Occupational Therapist or Recreational Therapist.

Section D – please sign to certify the application

If your eligibility cannot be determined based on the information you have provided in your application, you and/or your health care professional may be contacted for additional information.

If the results of the application process indicate that you may be able to ride conventional Timmins Transit buses for some of your trips, you may be assigned temporary or seasonal eligibility. Special consideration will be given to time of year.

Should you disagree with the decision regarding eligibility determination, there is an appeals process available.

If an applicant is determined to be not eligible, information will be sent, upon request, on how to appeal the decision.

Note:

- This application may take up to 14 days to process. If a decision has not been made within the 14 day period, you may be given temporary eligibility until that decision has been reached.
- Please contact us at 705-360-2600 ext 3500 if you have not been contacted by Handy Transit within one month of submitting your application.

The answers to these questions will provide us with more detailed information on the difficulties that may impede with your transportation needs. Please add additional sheets if necessary to provide more detailed information.

1. What condition(s) are you experiencing that prevent you from riding the Timmins Transit fixed route system? Please include all information that limits your ability to access bus stops, ride on the bus, and get on or off the bus.

2. Would you be able to get off or on a low floor bus equipped with a ramp?

Yes No Not Sure

3. Do you think you could learn to ride an accessible transit bus if you received training?

Yes No Not Sure

4. Do you use any of the following mobility aid/devices? (Please check all that apply)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Power Wheelchair | <input type="checkbox"/> Cane | <input type="checkbox"/> Oxygen |
| <input type="checkbox"/> Power Scooter | <input type="checkbox"/> White Cane | <input type="checkbox"/> Walker | <input type="checkbox"/> Crutches |
| <input type="checkbox"/> Prosthesis | <input type="checkbox"/> Communication Aid | <input type="checkbox"/> Service Animal | (Copy of certification/letter required) |
| <input type="checkbox"/> None of the above | <input type="checkbox"/> Other (please describe) | | |

Please note:	
Maximum width of mobility device	33 inches or 83 centimeters
Maximum length of mobility device.....	52 inches or 132 centimeters
Maximum combined weight of passenger and mobility device cannot exceed.....	800 pounds or 364 kilograms

5. Do you own and operate your own vehicle?
Yes No

6. Are you physically able to climb or descend steps?

Yes No How many? _____

7. Is your disability:

Permanent
Temporary If temporary, expected to last until: _____
Provide Expected Date of Recovery

8. Are you able to walk/travel a distance of 175 metres/575 feet (an average block is 100 metres/323 feet)

Yes No Not Sure

9. Are you recovering from a trauma or surgery?

Yes No

If yes, what is the expected recovery time?

1-3 months 4-7 months 8-11 months Over 1 year

10. Please check the type(s) of transportation modes you are able to use with some support:

- Handy Transit specialized bus
- 100% Accessible conventional transit bus (with kneeler and ramp)
- Other (please explain) _____

11. Do you require a support person for travel? Please see page 2 for definitions.

Yes No

12. Please describe the support you require while traveling:

13. Do you require a hand-to-hand attendant?

Please see page 2 for definitions.

Yes *If yes, please complete the Hand-to-Hand Attendant Agreement on page 6.*

No *If no, please complete the Hand-to-Hand Attendant Waiver on Page 7.*

SECTION B: Specialized Transit Service Agreements

Hand-to-Hand Attendant Agreement (Question 13 is checked Yes)

In the event that a passenger does require hand-to-hand assistance, please provide the necessary details of a contingency plan below. The contact information and location below must be a family member/friend that is able to accept the passenger as part of your contingency plan. If a circumstance does arise, and all of the contacts below are called but cannot be reached, this may cause this agreement to be terminated.

Parent/Guardian/Substitute Decision Maker contact information while passenger is being transported by specialized transit:

1. Home/Cell/Business _____
2. Home/Cell/Business _____

Alternate(s) in the event parent(s)/Guardian(s) / Substitute Decision Maker (s) are not available:

1. Name: _____ Relationship: _____
Address: _____
Time Period when available as alternate: _____
Home/Cell/Business: _____
2. Name: _____ Relationship: _____
Address: _____
Time Period when available as alternate: _____
Home/Cell/Business: _____

BY SIGNING THIS AGREEMENT, I (WE) ACKNOWLEDGE THAT I (WE) HAVE READ, UNDERSTOOD AND AGREE TO ITS TERMS.

Applicant

Date

Parent/Guardian/Substitute Decision Maker

Date

Witness

Date

SECTION B: Specialized Transit Service Agreements

Hand-to-Hand Attendant Waiver (Question 13 is checked No)

Handy Transit Specialized Transit will provide the following:

- Escort the passenger door to door and wait until the passenger crosses the threshold of the accessible door
- Wait five (5) minutes past the confirmed pick up time before deeming the passenger as a “no show” and leaving. Handy Transit will attempt to contact the passenger prior to the bus leaving.

Handy Transit Specialized Transit does NOT provide the following:

- Unlock or go through the door of the passenger’s residence
- Wait for a family member to arrive home to open the door of the passenger’s residence
- Assist a passenger with getting ready for travel on the bus

_____ is requesting approval for travel on Handy Transit Specialized Transit. By completing and signing this agreement, the registrant and/or parent/guardian and/or substitute decision maker acknowledges that a Hand-to-Hand person is deemed unnecessary.

By applying for service without a hand-to-hand attendant, the passenger or parent/guardian (if the passenger is under 18 years of age or has a legal guardian) confirms that the passenger is:

- Fully capable of leaving/arriving at the residence and entering the specialized transit vehicle without any type of assistance.
- Fully capable of being transported in the specialized transit vehicle without an individual support person.
- Consents with wearing a vehicle seatbelt; fully capable of using the seatbelt for safe transport with or without assistance.
- Capable of unlocking and/or locking their residence door.
- Fully capable of exiting the specialized transit vehicle and entering their residence independently.
- Able to recognize their own residence; knows their address and phone number.
- Able to remain in their residence alone, without supervision, once dropped off by specialized transit_____

Applicant’s Signature

Date

Parent/Guardian/Substitute Decision Maker Signature

Date

Authorization for Release of information

I understand that the purpose of this application form is to assist in determining whether I am eligible to be an unconditional, conditional or seasonal registrant of the Handy Transit Specialized Transit system. I understand that the information on this form will be shared with designated employees of Handy Transit and Timmins Transit for the purpose of processing this application.

Please Print Clearly

Applicant Name _____ Ms.
(Last) (First) (Middle) Mr.
Mrs.

Street Address _____

I, _____ hereby consent to:

Information / reports being sent and/or ongoing information to be exchanged between Handy Transit Specialized Transit and those designated above to determine my eligibility for Handy Transit Specialized Transit. I understand that all information obtained will be kept CONFIDENTIAL between the City of Timmins and the parties specified above.

I understand that as part of my application, Timmins Transit/Handy Transit may require additional information and may need to contact the applicant's health care professional. As well, I understand that the information collected on this form will be updated every two years for permanent registration and as required for temporary registration

Applicant's Signature

Date

Substitute Decision Maker Signature

Date

SECTION C: Must be completed by a Health Care Professional

Must be completed by one of the following Health Care Professionals: Physician, Nurse Practitioner, Registered Nurse (RN), Physiotherapist, Occupational Therapist or Recreational Therapist. (Note: a health care professional cannot guarantee eligibility)

NAME OF APPLICANT: _____

Disability Information (Please PRINT)

1. Applicant's medical diagnosis(es) and how it compromises their mobility to use Timmins Transit's conventional (public transit) service. Include the date of onset, staging and prognosis for each condition.

2. Is the applicant currently enrolled in a treatment program: Yes No
- a. Approximate length required for treatment # Weeks _____ # Months _____ # Years _____
- b. Does the applicant require the use of a mobility device? Yes No
- c. When travelling in the community what is the primary mobility device used?
- Walker Wheelchair Scooter

3. Does the applicant's medical diagnosis(es) or health condition require permanent, temporary or seasonal transportation?

Permanent: _____

Temporary: # Weeks _____ # Months _____ # Years _____

Seasonal: Summer Winter

4. Is the applicant physically able to climb or descend stairs? Yes No

5. If the weather is good, what is the furthest distance the applicant can walk/travel on the sidewalk? (an average urban block is 100 metres (328 feet) on a level surface)

Up to half (1/2) level block

Up to one (1) level block

Up to two (2) level blocks

More than two (2) level blocks

None

Not sure

6. **Behaviour** – In a transportation situation, does the applicant exhibit behaviours (impulsiveness, aggressiveness, etc.) that could be detrimental to his or her own safety, or to the safety of other persons?

Timmins Transit Conventional Bus Service: Yes No

Timmins Handy Transit Service: Yes No

If yes, please explain behavior: _____

NAME OF APPLICANT: _____

7. **Safety** – Are there conditions which affect the applicant’s safety in the community? Please specify:

- Does the applicant comprehend safety risks in the community? Yes No
- Is the applicant at risk for wandering or becoming lost in the community? Yes No
- Can the applicant be left safely unattended at their destination or beginning of a trip? Yes No

Other (please specify) _____

8. Timmins Handy Transit operators assist passengers door to door, but do not provide on-board care or assist passengers beyond the accessible entrance of their destination or departure. A support person may be required for further assistance.

A - Does the applicant require the assistance of a support person in order to travel on:

- Timmins Transit fixed route bus service: Yes-always Yes-sometimes No
- Timmins Handy Transit specialized bus service: Yes-always Yes-sometimes No

B - If yes, is a support person required for assistance due to:

- | | | | | | |
|----------------------|------------------------------|-----------------------------|---------------|------------------------------|-----------------------------|
| Cognitive ability | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Communication | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Mobility Issues | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Vulnerability | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Behaviour Challenges | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Medical Needs | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Other (please specify): _____

9. **Service Animal** – Does the applicant require the assistance of a certified Service Animal in order to travel on any Timmins Transit or Timmins Handy Transit service? (copy of certification or letter is required)

- Yes No

Physician or Community Health Agency Representative:

I hereby certify that the information I have provided is accurate and complete to the best of my knowledge.

Professional’s Name (please print)

Professional’s Designation

Health Care Professional’s Signature

Date

Address

Tel Number

