

Application for Niagara Specialized Transit

Mailing Address:

Niagara Region
Transportation Services
1815 Sir Isaac Brock Way
P.O. Box 1042
Thorold, ON
L2V 4T7

Please complete and return this form in person, by mail, by fax to 905-685-0013 or via email to nst@niagararegion.ca

For information, call 905-680-2052 or 1-888-447-5202.

Overview

In order to be eligible for Niagara Specialized Transit (NST), all users must first submit an application form which will be reviewed by the Niagara Region, against the approved Eligibility Criteria. If your application is incomplete, it will be returned to you or you may be contacted for more information. You will be notified of your eligibility by mail and, if approved, you will be eligible to book trips on NST.

Please complete Part 1 in full and have your Health Care Provider fill out Part 2. Please ensure the entire form is completed legibly. If you have trouble completing your form, please don't hesitate to contact us at 905-680-2052.

NST is considered a shared ride service. A shared ride service means:

- Other riders may be on board during the trip to your destination
- Your route of travel may be altered so another rider(s) can be accommodated
- You may be on board for up to 90 minutes
- The vehicle may stop and pick up other riders as it travels to your destination

Eligibility Guidelines

The inter-municipal specialized transit service is intended for residents of Niagara who have a disability that prevents them from using conventional transit services. The service is only intended for travelling

from one municipality to another municipality in Niagara, or to Hamilton for medical purposes only.

Note: Unavailability of conventional transit does not constitute eligibility



For office use only

Eligibility Category:

PCA:

Application number:

Section 1: Personal Information

To be completed by the applicant or their designate

Last name:

First name:

Address:

City/town:

Postal code:

Telephone (home):

Cell:

Email:

Date of birth (year-month-day):

Name of retirement home (if applicable):

Gender:

Male

Female

Emergency Contact

Please provide a person to be contacted in case of emergency

Last name:

First name:

Relationship:

Phone number:

Alternate phone number:

The personal information that is collected by the Region is collected under the authority of the Municipal Act, 2001, S.O. 2001, c.25 as amended, and is used solely for the administration of the inter-municipal specialized transit service. This information is held in strict confidence. You have the right to access this information or ask questions about it by contacting the Region's Corporate Records Manager at 905-980-6000, ext. 3741 for answers.

If you prefer all NST communications to be sent to a designate, please provide their details below:

Last name:

First name:

Relationship:

Address:

City/town:

Postal code:

Phone number:

Cell:

Email:

Payment Method

What is your preferred method of payment for trips taken with NST?

Cash

Cheque

Debit

Credit Card

For office use only

Eligibility Category:

PCA:

Application number:

How do you prefer to receive confirmation of payment? Select one and provide the contact information

Mail:

Email:

Text message:

Phone:

Disability Information

Please describe your disability and how it impacts your ability to travel. Include any important health concerns:

Please describe any circumstances or factors which prevent you from using conventional fixed route transit services (weather/environmental concerns, physical limitations, etc.). Note: Unavailability of conventional transit does not constitute eligibility for specialized transit.

For office use only

Eligibility Category:

PCA:

Application number:

Do you use any of the following mobility aids? Check all that apply.

Manual wheelchair
Extra wide
Extended foot rest

Power wheelchair
Extra wide
Extended foot rest

Scooter
Extra wide
Extended foot rest

Walker
Foldable
Non-foldable

Cane
Quad cane
White/red cane

Braces
Prosthesis

Crutches
Oxygen tank
Service animal

Other: _____
None required at this time

Do you have any health care needs that the transportation service provider should be made aware of?

Seizures

Dementia/Alzheimer's

Diabetes

Respiratory: _____

Heart condition: _____

Communicable disease: _____

Other: _____

The following questions will help determine if a PCA is required.

A personal care attendant (PCA) is a person 18 years of age or over, who accompanies a rider who is unable to travel on the vehicle by themselves. The PCA is required to be capable of providing the rider with care and assistance beyond what the driver is required to provide. The PCA is not required to pay a fare.

Does your home have a ramp or lift?

Yes No

Can you transfer into a vehicle without driver assistance?

Yes No

Do you need to remain in your mobility device for the trip?

Yes No

Do you have a medical condition that prevents you from sitting closely next to other passengers on board a bus or van?

Yes No

If yes, please explain:

For office use only

Eligibility Category:

PCA:

Application number:

In order to travel unaccompanied on NST, I am able to independently: (check all that apply)

Recognize my destination and communicate to the vehicle operator (verbally or with an augmentative device, in writing or with an alternative method of communication) if I am about to be dropped off at the wrong location.

Get help if I was dropped off at a wrong location.

Be safely left unattended on the vehicle with other customers when the vehicle operator is away from the vehicle (i.e. I am not at risk of exiting the vehicle and wandering).

Maneuver my mobility device (if I currently have one) to travel to and from the vehicle

If any of the above boxes relating to independence were left unchecked, the customer must provide their own Personal Care Attendant. The attendant must be capable of meeting the customer's care needs during travel and getting to and from destinations.

Are there any other reasons why you feel that you require a Personal Care Attendant when travelling in a specialized services vehicle?

Yes No

If yes, explain why:

Where are you travelling regularly?

Medical appointment

Education

Day program

Employment

Dialysis

Other

Authorization

I hereby certify that the information provided in Part 1 is to the best of my knowledge true and the information I provided is correct. I hereby authorize the Niagara Region to use this application to assess my eligibility. This application will be reviewed by members of this organization for the purposes of determining my eligibility for the inter-municipal specialized service. I also authorize the signing medical/health care professional to release any information to the Region for purposes of determining eligibility. I also understand that this information may be released to the service deliverer and that my continued eligibility may be assessed from time to time. I also agree that I will abide by all of the Rules and Operating Procedures of the Regional Municipality of Niagara.

Signature (Applicant or Power of Attorney):

Date:

I certify that the information contained within this application can be shared with other specialized transit service providers upon their request in order to accommodate my trip requests should I travel within their service area.

Yes No

Signature (Applicant or Power of Attorney):

Date:

For office use only

Eligibility Category:

PCA:

Application number:

Section 2: Medical/Health Care Professional Information

To be completed by a Medical/Health Care Professional

You have been asked to support an application for Niagara Specialized Transit (NST) by acknowledging the applicant's description of disability in Part 1 of this form.

There are different kinds of eligibility including temporary, conditional, and unconditional. Please indicate which eligibility type you support.

Medical/Health Care Professional Information

Last name:

First name:

Address:

City/town:

Postal code:

Phone number:

Fax:

Email:

Check which best describes you:

Licensed physician

Licensed therapist

Registered nurse

Licensed chiropractor

Registered occupational therapist

Certified psychology/psychiatrist

Licensed optometrist/ophthalmologist

Other:

Disability Information

1. How is the applicant's mobility affected?

2. Would the applicant be physically able to board a conventional bus?
(requires climbing or descending three steps)

Yes No

3. Would the applicant be physically able to board a kneeling/low floor bus? (at ground level)

Yes No

4. Is the applicant able to walk a distance of 175 metres

Yes No

5. Is the applicant at risk of falling?

Yes No

6. Is the applicant at risk of exiting the vehicle and wandering?

Yes No

7. Does the applicant have a physical limitation relating to the duration of the trip? (up to 90 minutes)

Yes No

For office use only

Eligibility Category:

PCA:

Application number:

How would you categorize the applicant's eligibility?

- Temporary - Expected duration: _____
- Conditional (limited by environmental or physical barriers)
- Unconditional

If conditional, describe the specific environmental or physical barriers that limit the applicant's ability to use conventional transit.

Are there other factors limiting the applicant's functional mobility? Please explain.

Personal Care Attendant

NST drivers assist passengers from one accessible door to another accessible door, but do not provide onboard care or assist passengers beyond the accessible entrance of their destination or departure.

Does the applicant require a Personal Care Attendant (PCA) to be with him or her when they use NST? PCAs travel for free.

- Yes, the applicant requires a PCA at all times (in this case, service will only be provided when a PCA is travelling with the applicant).
- The applicant only occasionally requires a PCA and will have a PCA travelling with them at those times.
- No, the applicant does not require a PCA.

Authorization

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

Signature (of Medical/Health Care Practitioner):

Date: