

Lethbridge Transit – ACCESS-A-RIDE Application

Access-A-Ride is a shared ride service, which provides service from one accessible door location to a second accessible door location. This service is for people who have a disability that prevents them from riding the conventional bus without the help of another person.

Please complete ALL sections of this form neatly to avoid any delay in processing.

Contact Information

PLEASE PRINT

1. Contact Information and Permanent Address

_____	_____	_____
Last Name	First Name	Initial
_____		_____
Address		Suite#
_____	_____	_____
City	Province	Postal Code
(____)	(____)	
_____	_____	
Home Phone	Cell Phone	

Email		

2. If your mailing address is different from your permanent address, please complete the following:

_____	_____	_____
Last Name	First Name	Initial
_____		_____
Address		Suite#
_____	_____	_____
City	Province	Postal Code

Personal Information

3. Date of Birth

4. Gender Female Male

5. In case of Emergency, Please contact:

_____	_____	_____
Last Name	First Name	Relationship
(____)	(____)	
_____	_____	
Daytime Phone	Evening Phone	

6. Describe why you cannot use the fixed-route bus based on your cognitive and/or physical functional mobility limitations.

7. Describe your travel abilities and limitations.

I am able to:

Always Sometimes Never

Walk/Roll 3 city blocks (400 meters)

Walk up and down steps

Sit down or rise without assistance

Ask for or receive travel directions verbally, or in writing

See signs and read directions clearly

I am unable to:

Travel alone due to cognitive condition, confusion or disorientation

8. Is your mobility limitation a permanent or temporary condition?

Permanent

Temporary, specify recovery date when Access-A-Ride will no longer be required (date can be extended if necessary):

Date:

9. Can you be left alone at your residence?

Yes

No, explain below

NOTE: Your emergency contact will be called if someone is not available to receive you at home.

10. Do you use any of the following aids? Check all that apply and let the Access-A-Ride office know the type and size of equipment when booking:

None

Walker – non folding

Manual wheelchair

Scooter**

Oxygen tank

Cane – includes white cane

Walker – folding

Power wheelchair**

Service Animal

Other: _____

****Please Note:** If a wheelchair or scooter is used, the maximum base dimensions are **30" x 50" (76x127 cm)**. Equipment larger than this cannot be accommodated. A combined weight of the equipment and the passenger **Cannot exceed 650 lbs (294.83 kg)**.

Does the outside dimensions of the wheelchair/scooter **exceed** the identified measurements?

Yes

No

Does the combined weight of the passenger and mobility device **exceed** this weight? Yes No

If Yes to either weight or dimensions, please explain:

11. Will you be travelling with the assistance of a personal aide: Yes No Sometimes
If you require the assistance of a personal attendant or aide, please identify them below:

_____ (_____) _____
Last Name First Name Phone

****You are responsible to provide your own personal attendant or aide for all booked trips.****

We encourage our customers to use Transit fixed-route service for some trips, and to use Access-A-Ride when regular Transit services are inaccessible.

12. Do you use Transit fixed-route service for some of your trips? Yes No

Yes, I am interested in receiving free training that will teach me how to use the regular Transit bus service at my own pace with a qualified trainer.

No, I do not wish to receive free training.

13. Lifemark Health can obtain additional mobility information from one of the following (Check one only):

- | | |
|-------------------------------------|--|
| Licensed Physician | Licensed Optometrist |
| Certified Rehabilitation Specialist | Registered Occupational Therapist |
| Registered Recreation Therapist | Registered Vocational Therapist |
| Health Authority Case Manager | Registered Nurse or Nurse Practitioner |

Please provide the information for the contact you selected above:

_____ (_____) _____
Name Phone

Mailing Address

Please ensure you have identified a practitioner to provide Lifemark Health (an agent of Lethbridge Transit Access-A-Ride) of its Agents your "Release of Information" by completing and signing the Appendix Authorization on page 4. Also, ensure that the practitioner completes and signs the "Addendum – Medical Verification of Eligibility" (pages 5-8), before application is submitted to Lifemark Health for the next step of processing.



Appendix – Authorization

The information provided in this form is solely for the use of Lethbridge Transit Access-A-Ride and its Agents (Lifemark Health) to determine your eligibility for custom Para-Transit services. By completing this application, you and your representative declare that you understand and authorize the following:

- You have a disability, medical conditions, or age related frailty that prevents you from using the regular accessible Transit some or all of the time.
- You consent to the disclosure of personal information by your medical practitioner (Doctor, Therapist, Case Manager, etc.) to Lethbridge Transit Access-A-Ride or its Agents.
- You acknowledge that you may be requested to undergo a functional assessment at your cost.
- Lethbridge Transit Access-A-Ride or its agents can re-assess your eligibility if it appears your transportation have changed

Last Name (Please Print)

First Name (Please Print)

Date:

Signature of Applicant or Legal Representative

***Legal Representative must complete contact information below.**

For Designated Agency Use Only – Application Assessment

I certify that the information provided in this application is true to the best of my knowledge.

Facility/Program

Phone

Mailing Address

Email

Fax

Last Name

First Name

Title

Signature

Date

Designated agencies/representatives include: CNIB, Intermediate or Extended Care Facility Case Manager, Dementia/Geriatrics Program Case Manager, Mental Health Case Managers, Community Living Program Social Worker.

Please send completed application to:

Lifemark Physiotherapy Magrath

#103, 1410 Mayor Magrath Drive South, Lethbridge, AB T1K 2R3

Email: ohscalgaryne@lifemark.ca

For more information, call 403-329-3212



Addendum-Medical Verification of Eligibility

Access-A-Ride Service

The purpose of this form is to obtain additional information about the applicant’s physical and/or cognitive functional ability to use regular bus service. Lifemark Health will use this information to assess the applicant’s eligibility for Access-A-Ride service.

The application form must be completely filled out and signed by a qualified health care or social services practitioner familiar with the applicant’s mobility. A medical doctor, registered nurse, and registered psychiatric nurse can complete the form.

Please clearly describe the applicant’s ability or inability to use the Regular Transit bus service. An incomplete or unclear form will be returned.

Fees for completing this form are the applicant’s responsibility.

Submit form to Lifemark Physiotherapy Magrath Office or through the Lifemark portal at: <https://www.lifemarkworkhealth.ca/city-of-lethbridge-access-a-ride>

For more information, contact the Lifemark Health 403.329.3212

Submitting a completed form does not guarantee eligibility.

Applicant’s Name

Last Name

First Name

Initial

Pursuant to the Freedom of Information and Protection of Privacy Act, the information on this form is solely for use by Lethbridge Transit Access-A-Ride and its Agents (Lifemark Health) to determine eligibility for custom transit services.

1. What disability conditions prevent the applicant from using accessible Transit service?

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

PERMANENT

TEMPORARY

Walking/mobility

If temporary, for how long?

Endurance

Less than 3 month

Vision

3 months

Memory

6 months

Perceptual

1 year

Behaviours

2 years

Cognition

3 years or more

Personal Safety

Seasonal–Nov. 1 – Apr 30 each year (Re-Apply Yearly)

Other (specify) _____

for seasonal restrictions please describe below:

3. Does the applicant’s disability or health condition prevent (as opposed to make difficult) use of low floor Accessible Transit? Yes No Sometimes
(See our website for further Transit bus accessibility information at www.lethbridge.ca/transit)

Explain:

4. When is it possible for the applicant to use traditional fixed route accessible transit?



5. Will the applicant require a mandatory attendant? If so, it would be the *responsibility of the client* to provide this attendant. Yes No

6. Can the applicant be left alone at their destination? Yes No

Can the applicant be left alone at home? Yes No
 Explain:

7 Do you have any other comments?

8. Did you complete any assessment or examination in order to determine this applicant's functional ability to use accessible Transit bus service? Yes No

Form completed by:

Date:

Last Name (Please Print)

First Name

Initial

Signature

(____) _____

Phone

Relationship to applicant: _____

Professional qualifications: _____

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