



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.

New application Re-application

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 Other

5. In case of emergency, please contact:

Last name ()	First Name ()	Relationship
Daytime Phone	Evening Phone	

6. In case of questions regarding this application, please contact:

Last name ()	First Name	Relationship
Phone	Email	

7. I would like my recommendation results to be sent by:

Email: _____ Mailing address above Alternate address: _____

If nothing is specified, your result recommendations will be sent by mail to your current residence address listed on this application.

8. Diagnosis: _____

9. Describe your travel abilities and limitations.

I am able to:

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

Travel alone

Always	Sometimes	Never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. 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)

Anticipated date of recovery: _____

11. 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.

12. **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: _____

Wheelchair specifics:

Dimensions of the wheelchair: less than 30" W x 50" L

Weight of equipment and passenger is less than 650 lbs (294.83 kg)

Working brakes

Seatbelt

Footrests 2" clearance from ground

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Scooter specifics:

The scooter is less than 22 x 48"

Weight of equipment and client is less than 650 lbs (294.83 kg)

The scooter has 3 wheels

The scooter has 4 wheels

Able to independently transfer from scooter to bus seat

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

*If wheelchair criteria is not provided a City of Lethbridge assessor will be scheduled to assess if the wheelchair meets the eligibility requirements prior to approval.

11. Will you be travelling with the assistance of a personal aide: Yes No

If you indicated "yes", 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

Certified Rehabilitation Specialist Registered

Recreation Therapist Health Authority Case

Manager

Registered Nurse or Nurse Practitioner

Licensed Optometrist

Registered Occupational Therapist

Registered Physical Therapist

Registered Vocational Therapist

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 needs have changed

Last name (Please Print)	First Name (Please Print)
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Signature of Applicant or Legal Representative	Date
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I consent to the execution of this form by way of electronic signature (typed name in signature field) and agree that any such electronically delivered signature shall be valid and deemed to constitute an original.

***Legal Representative OR Designated Agency must complete contact information below.**

For Legal Representative Only - If a legal representative has signed on behalf of the client, this section MUST be completed.
I certify this information provided is true to the best of my knowledge.

Mailing address		
Email	Phone	Fax
Last name	First name	Title
Signature	Date	

For Designated Agency Only - If an agency has signed on behalf of the client, this section MUST be completed.
I certify this information provided is true to the best of my knowledge.

Facility/Program	Mailing address
Email	Phone
Last name	First name
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: AccessARide@lifemark.ca	For more information, call 403-329-3212
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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 qualified health practitioner with valid qualifications can complete this form (Registered Nurse, Licensed Practical Nurse, Physician, Specialist, Registered Social Worker, Occupational Therapist, and Physical Therapist)

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 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?

Hearing

Less than 3 month

Endurance

3 months

Vision

6 months

Memory

1 year

Perceptual

2 years

Behaviours

3 years or more

Cognition

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

Personal Safety

for seasonal restrictions please describe below:

Other (specify) _____

3. Can the applicant:

Make decisions about personal activities, care or finances

Communicate or interact with others effectively

Understand written and printed material

Understand spoken word or auditory information

Recognize landmarks

Ask for directions

Tell time

Problem solve unexpected situations

Safely cross the street

Detect curbs and drop-offs

See at night

Walk up 3 steps (14 inches high) when handrails are available

Walk down 3 steps (14 inches high) when handrails are available

Ambulate (walk or roll) - max 3 blocks or 400m

- Ambulate (walk or roll) - max 2 blocks or 250m
- Ambulate (walk or roll) - max 1 block or 100m
- Wait at a bus stop while standing
- Wait at a bus stop while seated
- Plan a trip and travel alone outside the home
- Board low floor accessible Transit (bus without steps) independently if the ramp is at curb level and handrails are available
- Stand on an Accessible Transit bus while it is moving supported by a grab bar
- Travel on an Accessible Transit bus when no transferring is required
- Travel in an Accessible Transit bus when the bus stop is accessible
- Travel on the Accessible Transit but during non-rush hour traffic
- Travel on the Accessible Transit bus when the route is familiar
- Sit or Rise, without assistance from another person, from a seat
- Travel on Conventional Accessible Transit with help (clarify from whom: personal attendant/aid, friend, etc.)

Explain:

4. Is the applicant able to use traditional/fixed transit with low-floor entrance/exit (no stairs) on the bus?

Yes No Sometimes

Explain:

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

6. In your professional opinion, would this client's ability to access the community be improved by accessing Access-A-Ride service? Yes No

Explain:

7. Will the applicant require a mandatory attendant? If so, it would be the responsibility of the client to provide this attendant.

Yes No

8. Will the applicant require hand to hand assistance? If so, this would be the responsibility of the client to have attendant waiting at home/bus stop until transit arrives and an attendant waiting to receive the client at the destination.

Yes No

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

10. Can the applicant be left at alone at home? Yes No

Additional information:

a. What mobility aides does the client use? Please provide details of usage.

b. Did you complete any assessment or examination in order to determine this applicant's functional ability to use accessible Transit bus service?

Yes No

Healthcare portion of form completed by:
Healthcare Professional Only

Date:

Last name (Please Print)	First name	Initial
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Signature	() Phone
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Relationship to applicant: _____

Professional qualifications: _____

How long have you or the agency been involved in this client's care?
