

## 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.**

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### 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

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### 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. **Diagnosis:** \_\_\_\_\_  
\_\_\_\_\_

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

Travel alone

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

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***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  
 Wheelchair specifics:

Dimensions of the wheelchair or scooter	Width:	Length:
Working brakes	Yes	No
Seatbelt	Yes	No
Footrests 2" clearance from ground	Yes	No

\*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                                 | Licensed Optometrist              |
| Certified Rehabilitation Specialist Registered     | Registered Occupational Therapist |
| Recreation Therapist Health Authority Case Manager | Registered Physical Therapist     |
| Registered Nurse or Nurse Practitioner             | 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.***



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## 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: [AccessARide@lifemark.ca](mailto: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 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.**

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### 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?

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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

Walk as a pedestrian - max 3 blocks or 400m



Walk as a pedestrian - max 2 blocks or 250m

Walk as a pedestrian - 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:

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

Yes                      No                      Sometimes

Explain:

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

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- 6. Will the applicant require a mandatory attendant? If so, it would be the *responsibility of the client* to provide this attendant. Yes No
- 7. 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
- 8. Can the applicant be left alone at their destination?  Yes No
- 9. Can the applicant be left alone at home? Yes No

Explain:

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

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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

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? \_\_\_\_\_

**Glossary of terms:**

**Low floor transit:** Includes transit buses that have no steps between the ground and the floor of the bus at one or more of the entrances.

**Mandatory Attendant:** Require an attendant while waiting, riding and at destination.

**Hand to hand support:** Attendant required while waiting for transit, independent on the bus and an attendant is waiting to receive the applicant at the destination.

(See our website for further Transit bus accessibility information at [www.lethbridge.ca/transit](http://www.lethbridge.ca/transit))