

**Niagara Transit Commission
Specialized Transit Office**
75 Federal Road
Welland, ON L3B 3P2

Visit nrtransit.ca to complete this form online.

Note: If you need to fill out this form in another format please complete this form and send by email to applications@nrtransit.ca or call 1-833-NRT-LINE (1-833-678-5463) for more information.

Overview

In order to be eligible for Specialized Transit, all users must first submit an application form which will be reviewed by Niagara Region Transit, 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 email or mail and, if approved, you will be eligible to book trips on all specialized transit services in Niagara; Fort Erie (FAST), Niagara Falls (Chair-a-van), Niagara Specialized Transit (NST), St. Catharines (Paratransit), and Welland (WellTrans).

Please complete Part 1 in full and have a Medical/Health Care professional 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 1-833-NRT-LINE (1-833-678-5463).

Specialized Transit 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 75 minutes
- The vehicle may stop and pick up other riders as it travels to your destination

Eligibility Guidelines

The specialized transit services are intended for residents of Niagara who have a disability that prevents them from using conventional transit services.

Note: Disability alone does not constitute eligibility. Decisions are made on a case-by-case basis and are based on the applicant's functional ability to use conventional transit some of all of the time. It's not a medical decision deemed by the applicant's physician. It's also not based on the applicant's income, age, or lack of conventional transit in their area.

For office use only

Eligibility Category:

USP:

Application number:

Section 1: Personal Information

To be completed by the applicant or their designate

Last name:

First name:

Street Address:

Unit:

City/town:

Postal code:

Telephone (Primary):

Telephone (Alternate):

Email:

Date of birth (yyyy-mm-dd):

Name of Long-term Care Facility (if applicable):

What is your gender?

Gender refers to current gender which with may be different from sex assigned at birth and may be different from what is indicated on legal documents. (Select all that apply).

Woman/Girl

people who identify their gender as such, regardless of sex assigned at birth

Man/Boy

people who identify their gender as such, regardless of sex assigned at birth

Non-binary

an umbrella term referring to people who do not identify with the gender binary of woman/man, and can include gender fluid, gender-queer, androgynous

Trans woman

a person whose sex assigned at birth is male and identifies as a woman

Trans man

a person whose sex assigned at birth is female and identifies as a man

Not listed, please specify:

Prefer not to answer

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Eligibility Category:

USP:

Application number:

Emergency Contact

Please provide a person to be contacted in case of emergency

First and last name:

Relationship:

Telephone (Primary):

Telephone (Alternate):

Any personal information or personal health information is collected, used and disclosed by Niagara Region under the authority of the Municipal Act for the administration of the inter-municipal transit service in accordance with the ***Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)***. Questions should be referred to the Access and Privacy Office at 905-980-6000, ext. 3779 or FOI@niagararegion.ca.

Designate Contact

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

First and last name:

Relationship:

Street Address:

Unit:

City/town:

Postal code:

Telephone (Primary):

Telephone (Alternate):

Email:

Disability Information:

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

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Eligibility Category:

USP:

Application number:

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

- | | | |
|--------------------|----------------|----------------------------|
| Manual wheelchair | Walker | Crutches |
| Extra wide | Foldable | Oxygen tank |
| Extended foot rest | Non-foldable | Service animal |
| Power wheelchair | Cane | Other: |
| Extra wide | Quad cane | |
| Extended foot rest | White/red cane | |
| Scooter | Braces | |
| Extra wide | Prosthesis | None required at this time |
| Extended foot rest | | |

Authorization

I hereby certify that the information provided in Part 1 is, to the best of my knowledge, true and accurate and I authorize Niagara Region Transit to use this application to assess my eligibility. I also authorize the signing medical/health care professional to release the information requested in Section 2 to the Niagara Transit Commission for purposes of determining eligibility.

I authorize Niagara Region Transit to disclose required information to other transit services in order to support the use of other specialized transit services.

If applicable, I acknowledge that I must carry my Universal Support Person Pass with me, otherwise my accompanying Support Person will be required to pay a fare.

Signature (Applicant or Power of Attorney):

Date (yyyy-mm-dd):

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Eligibility Category:

USP:

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 Specialized Transit 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:

Applicant's full name:

Applicant's Date of birth (yyyy-mm-dd):

Medical/Healthcare Professional's Full Name:

Street Address:

City/town:

Postal code:

Telephone:

Email:

Check which best describes you:

Licensed physician

Certified psychology/psychiatrist

Licensed therapist

Licensed optometrist/ophthalmologist

Registered nurse

Other:

Licensed chiropractor

Registered occupational therapist

Disability Information

How is the applicant's mobility affected?

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Eligibility Category:

USP:

Application number:

Check one box only:

- A. Applicant can always travel unassisted approximately 175 meters.
- B. Applicant can never travel 175 meters.
- C. Applicant could travel 175 meters only if (check all that apply):
 - 1. They have an attendant with them
 - 2. They are familiar with the area
 - 3. There are curb cuts along the route
 - 4. There is a sidewalk
 - 5. The ground is level or only slightly inclined
 - 6. The path is free of ice, snow or debris
 - 7. They have a mobility aid (e.g. wheelchair, scooter, etc.)
 - 8. Other:

How would you categorize the applicant's eligibility?

Temporary - Expected duration:

Conditional (Seasonal, for specific appointments only)

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

Permanent

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Eligibility Category:

USP:

Application number:

Universal Support Person (USP)

Specialized Transit 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 pick-up or drop-off location.

In order to travel unaccompanied on Specialized Transit, is the applicant able to independently:

- | | | | |
|--|-----|----|--------------|
| a) Recognize their destination and communicate to the vehicle operator if they are about to be dropped off at the wrong location. | Yes | No | Occasionally |
| b) Get help if they are dropped off at a wrong location. | Yes | No | Occasionally |
| c) Be safely left unattended on the vehicle with other riders when the operator is away from the vehicle (i.e. they are not at risk of exiting the vehicle and wandering). | Yes | No | Occasionally |
| d) Transfer into/out of a vehicle without assistance? | Yes | No | Occasionally |
| e) If applicable, maneuver their mobility device to travel to and from the vehicle. | Yes | No | Occasionally |

Are there any other reasons why you feel the applicant requires a support person when travelling with Specialized Transit?

Yes No

If yes, explain:

In your opinion and based on your answers above, the applicant requires a support person:

Always Occasionally Never

Signature (Medical/Health Care Practitioner):

Date (yyyy-mm-dd):

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Eligibility Category:

USP:

Application number: