

Appendix B

Greater Sudbury Handi Transit Eligibility Assessment Process

Application Form

Greater Sudbury Handi Transit Application

Please answer all the following questions.

To be completed by applicants or on behalf of the applicant

PLEASE PRINT

Part 1: GENERAL INFORMATION

Applicant:	Male:	Female
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Last Name:	
First Name:	Middle Initial:

Residence Address:
Apartment Number:
City:
Postal Code:
Mailing Address: (if different)

Please provide additional details regarding your address that will assist us in locating you. (Road name and/or directions, colour of house, landmarks, name of long-term care facility or apartment complex, ect...)

Home Phone:	
Cell Phone:	
Work Phone: ()	Ext.
TTY: ()	
E-mail Address:	
Date of Birth:	

Part 2: EMERGENCY CONTACTS (Required)

Primary Contact:

Name:		
Relationship:		
Home Phone:	()	
Work Phone:	()	Extension:
Cell Phone:	()	
TTY:		
E-mail Address:		
Address:		

Secondary Contact:

Name:		
Relationship:		
Home Phone:	()	
Work Phone:	()	Extension:
Cell Phone:	()	
TTY:		
E-mail Address:		
Address:		

Part 3: APPLICANT INFORMATION

		Yes	No
1. Are you a:	Current user of Handi Transit		
	New Applicant		
	A Visitor temporarily living in the Greater Sudbury area		
	User of another accessible transit system		

2. (a) Do you need information given to you in an alternate format?	Yes	No

2. (b) If yes, please check your preferred format				
<input type="radio"/> Large Print	<input type="radio"/> Audio/CD	<input type="radio"/> Braille	<input type="radio"/> Another Language	<input type="radio"/> Other

3. (a) Which of the following condition(s), if any, prevent you from using the Sudbury Transit system? Check all that apply:					
None		Physical		Vision Loss	
Mental Illness		Cognitive		Deaf/Hard of Hearing	
Other (explain):					

3. (b) In your own words, please briefly explain why this prevents you from using the Sudbury Transit system.

4. (a) Please check the type(s) of transportation modes you are able to use with some support:			
Accessible Passenger Bus (i.e. Handi Transit)		Sudbury Transit	
Ramped Sudbury Transit bus		Standard Taxi Cab (with support)	
Adapted Taxi Cab with Ramp (when available)		Other (explain):	

4 (b) In your own words, please briefly describe the support you would require. (i.e. directions, lifting or walker into vehicle, audible or visual bus stop announcements, etc...)

5. Is your disability or health condition:			
Permanent		Varies daily	
Temporary – expected to last until:			

6. Please indicate the primary mobility aids you use when traveling in the community:					
Support Cane(s)		Leg Brace		Picture Board	
Long White Cane		Crutches		Alphabet Board	
Service Animal		Walker		Hearing Aid(s)	
Powered Wheelchair		Manual Wheelchair		Scooter	
Oxygen Tank		None		Other	

NOTE: Handi Transit may not be able to accommodate you if your wheelchair or scooter is longer than 48” or wider than 32” or if your total weight with your wheelchair is more than 800 pounds.

7. Can you climb three (11 to 15-inch) steps with a handrail, without assistance from another person?					
Yes		No		Sometimes	

8. Do you require a support person while travelling? A support person is a person specifically employed or designated by you to assist with your daily living needs including travel.					
Yes		No		Sometimes	

Part 4: APPLICANT VERIFICATION

Applicant Signature

I understand that the purpose of this application form is to determine if there are times when I cannot use Sudbury Transit and will require Handi Transit. I understand that the information on this application will be kept confidential and shared only with employees of Sudbury Transit for the purpose of processing my application for eligibility. I certify that to the best of my knowledge, the information on this application is true and correct. I understand that providing false or misleading information could result in my eligibility status being terminated.

I give permission for the member of the Sudbury Handi Transit assessment group in the City of Greater Sudbury to contact myself or the professional who has completed this application or given supplemental verification required for determining eligibility.

Applicant Signature:	
Print Name:	
Date:	

Person completing this form if other than Applicant (check one):	
I certify that the information in this application is true and correct based upon the information given to me by the applicant.	
I certify that the information provided in the application is true and correct based upon my own knowledge of the applicant's health condition or disability or I have legal authority to complete this application	

Print Name:	
Day Phone:	
Address:	
Relationship to Applicant:	
Signature:	
Date:	
Agency Name (if applicable):	

PLEASE RETURN YOUR COMPLETED APPLICATION TO:

Greater Sudbury Transit

By Mail:

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By Fax:

(705) 560-4571

By E-mail: ????????????@greatersudbury.ca