



DIAL-A-BUS APPLICATION FORM

Dial-A-Bus is a section of Whitecourt Transit that provides specialized, accessible, to-the-door services within the corporate limits of Whitecourt for individuals with physical or cognitive impairments who are unable to access Public Transit stops.

In order to ensure that Dial-A-Bus resources are properly and effectively dedicated to the individuals it is intended to serve, it is necessary that applicants are carefully assessed to confirm that they are unable to utilize conventional, fixed-route public transit.

Qualifications:

- Resident of the Town of Whitecourt
- Resident of Woodlands County (Woodland County residents do not qualify for transportation vouchers.)
- Unable to access Public Transit stops due to a physical or cognitive impairment
- Doctor assessed.

**For assistance or questions regarding eligibility, please call
Whitecourt Community Services at 780-778-6300.**

HOW TO APPLY FOR DIAL-A-BUS SERVICE:

1. Fill out Part A of this application.
2. Take the application (Parts A and B) to your doctor to have Part B completed. Both Part A and Part B must be completed in order for your application to be considered.
3. Return the completed application (Parts A and B) to: **Allan & Jean Millar Centre, 58 Sunset Boulevard or mail to Town of Whitecourt, Box 509, Whitecourt Alberta T7S 1N6.**
Failure to completely fill out the application will delay the application process.

Whitecourt Transit will notify you of your eligibility for Dial-A-Bus service.

If we require additional information, you may be requested to come in for an interview to provide us with more information about your disability and how it affects your use of accessible fixed-route transit services.

If you have not been notified within 30 days of submitting your application, please contact our office at 780-778-6300.

The personal information in this form is collected under the authority of Section 33 (c) of the Freedom of Information and Protection of Privacy (FOIP) Act and will be used by Whitecourt Transit for processing of this form and to determine eligibility for the Dial-A-Bus service. The data is protected from unauthorized use and/or disclosure by the privacy provisions of the FOIP Act. If you have any questions about the collection, contact 780-778-6300.

Part A: DIAL-A-BUS PROGRAM APPLICANT INFORMATION

Personal information to be completed by the Applicant - PLEASE PRINT CLEARLY

Name: _____
Last First Middle

Address: Whitecourt Resident Woodlands County Resident

_____ _____ _____ _____
Apt. No. Bldg./Street No. Street Name Postal Code

Name of Care Facility (If applicable): _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Date of Birth: _____ / _____ / _____
YYYY MM DD

Email: _____

EMERGENCY CONTACT INFORMATION

List two people we can contact in case of an emergency (family, friend, neighbour, caregiver):

Primary Contact Name: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Relationship: _____ Email: _____

Secondary Contact Name: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Relationship: _____ Email: _____

1. Have you travelled **independently** or **with an assistant**, on a regular Public Transit bus in the past two years?

Yes

No

Please explain either answer: _____

2. Check **one** box that best describes your ability to get to and from a bus stop.

I can always get to and from a bus stop.

I can get to and from a bus stop **only if** (check all that apply):

I have an attendant with me.

The bus stop is within metres of my location.

I receive training or orientation for the stops I use.

There are sidewalks available.

The sidewalks have curb cuts.

The ground is level or only slightly inclined.

The path is free of ice, snow, or debris.

I can never get to and from a bus stop (please explain): _____

3. Check **one** box that best describes your ability to wait outside at a bus stop.

I can generally wait outside at a bus stop and recognize my bus.

I can wait outside at a bus stop only if (check all that apply):

I have an attendant with me.

There is a bench.

There is a shelter.

The wait is no longer than minutes.

Other:

I cannot wait outside at a bus stop (please explain): _____

4. Will you use any of the following when you ride the Dial-A-Bus? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Guide Dog | <input type="checkbox"/> Communication Boards |
| <input type="checkbox"/> Powered Wheelchair | <input type="checkbox"/> Hearing Aid |
| <input type="checkbox"/> Cane | <input type="checkbox"/> Crutches |
| <input type="checkbox"/> Oxygen | <input type="checkbox"/> Leg Braces |
| <input type="checkbox"/> White Cane | <input type="checkbox"/> Interpreter/Intervenor |
| <input type="checkbox"/> Powered Scooter | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Prosthesis | |

The maximum base dimensions of mobility aid equipment are 30 x 48 inches (76 x 122 cm). Equipment larger than this cannot be accommodated. The combined weight of the equipment and passenger cannot exceed 750lbs (340kg).

5. Location recognition - Check **one** box that best describes your ability to recognize your destination and your home (check all that apply):

- I can independently recognize my destination and leave the bus.
- I cannot independently recognize my destination and leave the bus.
- I can recognize my destination and leave the bus **only if** (check all that apply):
 - I have an attendant with me.
 - The driver announces my stop.
 - I receive travel training.
 - Other: _____

6. If you use mobility aid equipment, can you transfer to a four-door sedan automobile without assistance?

- Yes No Sometimes

7. If approved for Dial-A-Bus service, when do you require the service?

- Winter (Approx. Oct. - Apr.)
- Summer (Approx. May - Sept.)
- Year round
- If temporary, specify duration: _____

8. Overall, how does your disability affect your use of regular fixed-route transit service provided by Public Transit?
(Please provide any additional information)

9. Do you require a mandatory attendant when riding the Dial-A-Bus?

Yes

No

Dial-A-Bus drivers must concentrate on the safe operation of their vehicles and cannot supervise those who require constant and frequent attention for medical or behavioral reasons. Registrants requiring attention of this nature, or who display behavior unacceptable to other passengers, will be required to ride with an attendant at all times. If you require a mandatory attendant, Dial-A-Bus will only provide service when an attendant, provided by you, is travelling with you at all times. An attendant over the age of 18 is required for any passengers under the age of 12.

10. Can you be left alone at your destination?

Yes

No

11. Can you be left alone at home?

Yes

No

If you answered **NO** to either question(s), please explain: _____

Please provide an alternative drop-off address and contact person in close proximity to your home, in the event that you cannot be dropped off at your home.

Name: _____

Address: _____
Apt. No. Bldg./Street No. Street Name

Home Phone: (_____) _____ Cell Phone: (_____) _____

Relationship: _____

If the registrant cannot be left alone, and no one is available to receive him/her when the vehicle arrives, the registrant will be assigned a mandatory attendant status and will have to travel with an attendant at all times.

Dial-A-Bus drivers will provide assistance to and from the first set of accessible doors to the building and with the securing of mobility aids and seatbelts. Operators will not lift equipment or passengers, or lift or push passengers up stairs or sharp slopes, or across grass, gravel, or other uneven or soft terrain. Operators can provide assistance in loading and unloading within reasonable limits and at their own discretion.

9. Are there any additional health concerns (i.e. behavioural, aggression, seizure) that Whitecourt Transit Dial-A-Bus should be made aware of?

I hereby certify that the information included in this assessment is accurate and a true reflection of the applicant's ability to use regular fixed-route Public Transit.

Physician Name (please print)

Physician Signature

Date: _____ / _____ / _____
 YYYY MM DD