

Airdrie Transit - ACCESS Airdrie Application Form

Eligibility Guidelines: ACCESS Airdrie is a shared ride transit service intended for persons who are physically unable to walk a distance of 175 metres or have difficulty standing for periods of time. Eligibility is not based on age, language barriers, income or unfamiliarity of Airdrie Transit services.

Applicant Instructions: Applicants should complete sections A, B, and C. The applicant's health care professional is required to complete sections D and E.

A. Personal Information

Last Name	First Name	Date of Birth (dd/mm/yr)		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address and Name		City	Postal Code	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone: Home		Telephone: Other		
<input type="text"/>		<input type="text"/>		

Do you require the use of a mobility aid to onboard the bus Yes No

Do you require a Personal Care Attendant onboard the bus Yes No

Please indicate which type of mobility aid you would require:

- | | | |
|-------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Wheelchair | <input type="checkbox"/> Electric Wheelchair | <input type="checkbox"/> Scooter |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Cane(s) | <input type="checkbox"/> Crutches |
| <input type="checkbox"/> Leg Braces | <input type="checkbox"/> Other: _____ | |

B. Emergency Information (Please provide two contacts case of emergency)

Name	Relationship to Applicant
<input type="text"/>	<input type="text"/>
Telephone: Home	Telephone: Other
<input type="text"/>	<input type="text"/>
Name	Relationship to Applicant
<input type="text"/>	<input type="text"/>
Telephone: Home	Telephone: Other
<input type="text"/>	<input type="text"/>

C. Applicant's Authorization

I understand that this application will be reviewed for the purpose of determining my eligibility for ACCESS Airdrie service. I also authorize the signing health care professional to release any information to Airdrie Transit for purposes of determining eligibility.

Date	Applicant's Signature

If this form is being completed by someone other than the applicant, please provide details:

Name	Relationship to Applicant
Telephone: Home	Position/Agency

This application form will not be processed without the signature of the applicant or the applicant's guardian.

Airdrie Transit
400 Main Street
Airdrie, AB
T4B 3C3

Please allow 2-3 weeks to process your application.

Airdrie Transit will notify applicants regarding the status of applications.

Sections D and E will not be required if applicants receive permanent status for ACCESS Airdrie. An update of personal information will be required annually.

The personal information on this form or any other supplementary forms or information is being collected to administer ACCESS Airdrie Transit services. This information is being collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy Act. Questions about the collection of this information can be directed to the Transit Coordinator, City of Airdrie at 403-948-8875, 400 Main ST SE, Airdrie, AB T4B 3C3, Fax: 403-948-6567.

D. Health Care Professional Information (The following two pages are to be completed by a health care professional ONLY)

- Physician Physiotherapist Chiropractor
 Occ. Therapist Registered Nurse Other: _____

Certification Number:

Name Address (City, Postal Code)

Email / Telephone

I hereby certify that the information in section **E. Disability Information** is correct

Date Health Care Professional's Signature

E. Disability Information

Diagnosis of physical disability

List applicant's physical restrictions and how they affect his/her mobility

Is/does the applicant:

- Physically able to walk a distance of 175m (an average block)? Yes No
Suffer from vertigo to the degree that he/she would fall? Yes No
Require an attendant? Yes No
Cognitively skilled? Yes No
Use a mobility aid? Yes No

If so, please indicate which one(s) would be used onboard the bus:

- Wheelchair Electric Wheelchair Scooter
 Walker Cane(s) Crutches
 Leg Braces Other: _____

Are there any other physical factors limiting the applicant's ability to use regular transit services?
Please explain.

Is a Personal Care Assistant (PCA) required? Yes No

For what time period are special transit services required?

- Temporary: Length of Time: _____
- Permanent

The service being requested for applicant is:

- In town transportation
- Out of town transportation
- Both

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