

handyDART Application

handyDART Service and handyPASS Card

FORM
h1

 BC Transit Victoria Regional Transit System

If you have a disability that prevents you from using public transit buses some or all of the time, you may be eligible for door-to-door custom transit services.

Please complete all sections of this form to apply for handyDART and handyPASS service. Our staff will contact you to discuss your application and travel options.

If you have questions, please call 727-7811 and press “3” for Customer Registration.

Part 1 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. Mail will be sent to your permanent address, listed above. 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 _____

Please indicate your preference of future correspondence materials.

Print Audio Tape Audio CD

Part 2 Personal Information

PLEASE PRINT

1. Date of Birth _____ / _____ / _____
MONTH DAY YEAR

2. Gender Male Female

3. In case of an emergency, please contact:

Last Name First Name Relationship

Daytime Phone Evening Phone

Part 3 Transportation Disability Information

PLEASE PRINT

1. Please explain why you cannot use the regular bus based on your cognitive and/or physical functional mobility limitations.

2. Using the table below, please describe your travel abilities and limitations.

It is difficult for me to:	Sometimes	All of the time
Walk 3 city blocks	<input type="checkbox"/>	<input type="checkbox"/>
Walk up and down steps, without assistance	<input type="checkbox"/>	<input type="checkbox"/>
Stand for 15 minutes	<input type="checkbox"/>	<input type="checkbox"/>
Sit down or rise unassisted	<input type="checkbox"/>	<input type="checkbox"/>
Ask for or receive travel directions verbally, or in writing	<input type="checkbox"/>	<input type="checkbox"/>
Travel alone due to a cognitive condition, confusion, or disorientation	<input type="checkbox"/>	<input type="checkbox"/>
See signs and read directions clearly	<input type="checkbox"/>	<input type="checkbox"/>

3. Is your mobility limitation a permanent or temporary condition?

Permanent Temporary

If temporary, please specify until when: _____/date

This date can be extended as required.

4. Can you be left alone at your residence? Yes No If no, please explain:

NOTE: Your emergency contact will be called if someone is not available to receive you at home.

5. Will you use any of the following aids when using handyDART transit? Check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Power wheelchair | <input type="checkbox"/> Manual wheelchair |
| <input type="checkbox"/> 3-wheel scooter | <input type="checkbox"/> 4-wheel scooter |
| <input type="checkbox"/> Walker (non-folding) | <input type="checkbox"/> Cane - includes white cane |
| <input type="checkbox"/> Oxygen tank | <input type="checkbox"/> Certified service animal |

6. Do you require a personal attendant? Yes No

Part 4 Travel Option Information

We encourage our customers to use the regular bus for some trips, and to use handyDART and Taxi Savers as needed.

1. Do you use the regular bus for some of your trips? Yes No

If no, are you interested in learning how to travel independently on the bus for some of your trips?

- Yes, I am interested in receiving free training that will teach me how to use the bus at my own pace with a qualified trainer.
- No, I cannot use the regular bus

2. Do you want to use Taxi Saver coupons? Yes No

If yes, please include two passport size photos with your application.

Part 5 Authorization

1. The information provided in this form is solely for the use of BC Transit and its Agents to determine your eligibility for custom transit services. By completing this application, you and your representative declare that you understand and authorize the following:

- You have a disability, medical condition, or age related frailty that prevents you from using the regular bus some, or all of the time.
- You consent to the disclosure of personal information by your medical practitioner (Doctor, Therapist, Case Manager) to BC Transit or its agents.
- You acknowledge that you may be requested to undergo a functional assessment.
- BC Transit can re-assess your eligibility if it appears your transportation needs have changed.

Last Name (Please print)

First Name (Please print)

Signature of Applicant or Representative

Date

2. BC Transit can obtain my mobility information from one of the following: (Check one only.)

- | | |
|--|--|
| <input type="checkbox"/> Licensed Physician | <input type="checkbox"/> Licensed Optometrist |
| <input type="checkbox"/> Certified Rehabilitation Specialist | <input type="checkbox"/> Registered Occupational Therapist |
| <input type="checkbox"/> Registered Recreation Therapist | <input type="checkbox"/> Registered Vocational Therapist |
| <input type="checkbox"/> VIHA Case Manager | <input type="checkbox"/> Registered Nurse |

Please provide the information for the contact you selected above.

NAME

MAILING ADDRESS

PHONE

Please send completed application to:

Client Registrar
Farwest handyDART Services
4206 Commerce Circle
Victoria, BC V8Z 6N6

OR

Fax: 479-5660

If you have questions, call 727-7811 and press “3” to speak with an agent.

For Designated Agency Use Only - Application Assessment

I certify that the information provided in this application is based upon a designated service agency assessment of the applicant's health or mobility, in regards to using the bus.

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/Geriatric Program Case Manager, Mental Health Case Managers, Community Living Program Social Worker.