handyDART APPLICATION

INSTRUCTIONS

Introduction

BC Transit operates under the *British Columbia Transit Act*, which provides it with a mandate to plan, implement, maintain and operate public transportation systems across British Columbia, excluding Metro Vancouver.

handyDART is a shared ride, door-to-door service for people with physical or cognitive disability, permanent or temporary, that prevents them from riding accessible, fixed route service, some or at all of the time.

The Custom Registration Program was introduced in 2015 to modernize the eligibility process based on the rider's functional ability to use the fixed route service, regardless of diagnosis, age, or mobility device. BC Transit works with contracted Mobility Specialists who are trained on public transit service options to provide professional assessments leading to a recommendation for an individual's eligibility criteria for handyDART.

Application

- Ensure the application form is fully completed, signed and dated. If a person with the Power of Attorney for the applicant is involved in the application process, please provide a non-certified copy of the Power of Attorney letter with the application form.
- If you hold a BC Persons with Disabilities (PWD) Designation, please include your the "Confirmation of Disability Assistance" as a supporting document to this application form. This document can be requested from any Ministry of Social Development & Poverty Reduction office, or by logging into https://myselfserve.gov.bc.ca/
- If you hold a PWD Designation, you will automatically receive unconditional eligibility. Depending on your needs, you may still be asked to attend a level of care assessment to help determine the support required to safely utilize handyDART service.
- Upon receiving the application form, the Mobility Specialist clinic will contact you within ten (10) working days to make an appointment for the assessment. You will be given the option of using the handyDART service to go to and from the assessment centre, free of charge.
- The outcome of the assessment will be mailed to your mailing address within three (3) working days.

Reminders for your appointment

- Please come dressed for the weather, including good footwear, and expect to be walking outdoors.
- If you use a mobility device, please bring the device that you usually use when going outdoors.
- You are encouraged to bring a family member, social worker or a friend who is familiar with your conditions. Please inform us if you are bringing someone with you.
- If you missed the call from the Mobility Specialist clinic, please call back as soon as possible. The clinic will attempt to call you twice over a period of two weeks. If they do not hear back from you, a letter will be sent advising you to contact them. If there is no response after two weeks from the date of the letter, your application will be considered withdrawn.
- We require a 24-hour notice if you need to cancel your appointment, except in case of a verified emergency. If you miss or cancel two appointments, your application will be closed. You will be able to apply again after 90 days.

Eligibility Types

- **Unconditional eligibility** – Allows for the use of handyDART services all year round with no restrictions. This eligibility is valid for three (3) years, and can be renewed indefinitely.
- **Conditional eligibility** – Allows for the use of handyDART services if specific weather or physical conditions of the travel route are met or if a specific destination is required. The conditions are determined by the Mobility Specialist during the assessment. This eligibility is valid for three (3) years, and can be renewed indefinitely.
- **Temporary eligibility** – Allows for the use of handyDART services for a limited period of time, which can be extended until the rider has fully recovered.

Appeals

If you do not agree with the outcome of the assessment, you have the right to appeal the determination within 90 days from the date of the outcome letter.

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handyDART is a shared ride, door-to-door service for people who have a disability that prevents them from riding accessible, fixed-route service, some or all of the time. You must complete all sections of this form. You will be contacted within 10 days to book a time to attend a mobility assessment session with one of our Mobility Coordinators. During this session, we will discuss your transportation options, assess your eligiblity for handyDART, and ensure your mobility aid can be safely transported using our equipment (if applicable).

Send completed application to:
Client Registrar, PO Box 100, Lazo, BC V0R 2K0 OR Fax: 250·339·2797
For more information, call 250·339·5442.

Privacy information

☐ By checking this box you acknowledge that the personal information provided by you is collected under Section 26(c) of the *Freedom of Information and Protection of Privacy Act* and will be used for the purpose of determining eligibility for custom transit pursuant to Section 11 of the British Columbia Transit Regulation (B.C. Reg. 30/91). If you have any questions about the collection, use or disclosure of this information, please contact BC Transit's Privacy Office by telephone at 1·250·385·2551; via email to Privacy@BCTransit.com; or by regular mail to 520 Gorge Road East, Victoria, BC V8W 2P3.

CONTACT INFORMATION

PLEASE PRINT

1. **Permanent Address**

FIRST NAME _____ LAST NAME _____

ADDRESS _____ SUITE # _____

CITY _____ POSTAL CODE _____

HOME PHONE _____ CELL PHONE _____

EMAIL _____

2. **If your current mailing or temporary address is different from your permanent address (example: care facility or hospital), complete the following:**

FIRST NAME _____ LAST NAME _____

ADDRESS _____ SUITE # _____

CITY _____ POSTAL CODE _____

3. **Pickup Location and Accessibility**

Do your driveway and road provide clearance for a tall vehicle?	☐ Yes	☐ No
Is the walkway and entry level clear of obstacles?	☐ Yes	☐ No
Do you have any concerns regarding a handyDART vehicle safely accessing your pickup location?	☐ Yes	☐ No

4. **Do you currently hold a provincial Persons with Disabilities (PWD) designation?** If you have a PWD designation, you automatically unconditionally qualify for handyDART services.

☐ Yes ☐ No
(please provide your "*Confirmation of Assistance*" document from the Ministry of Social Development & Poverty Reduction)

5. **Secondary Contact**

FIRST NAME | LAST NAME | RELATIONSHIP

DAYTIME PHONE | EVENING PHONE

PERSONAL INFORMATION

6. **Date of Birth** _____ /_____ /_____
MONTH DAY YEAR

7. **Gender** ☐ MALE ☐ FEMALE ☐ OTHER _____ ☐ PREFER NOT TO DISCLOSE

TRANSPORTATION DISABILITY INFORMATION

8. **Describe why BC Transit's accessible, fixed-route service is not an option for you, some or all of the time, based on your cognitive and/or physical functional mobility limitations.**

9. **Describe your travel abilities and limitations.**

I am able to:	Always	Sometimes	Never
Walk/roll 3 city blocks	☐	☐	☐
Walk up and down steps	☐	☐	☐
Stand for 15 minutes	☐	☐	☐
Sit down or rise without assistance	☐	☐	☐
Ask for or receive travel directions verbally, or in writing	☐	☐	☐
See signs and read directions clearly	☐	☐	☐

10. **Is your mobility limitation** ☐ Permanent

Or ☐ Temporary, specify until when (date can be extended as required) _____ /_____ /_____ (MONTH / DAY / YEAR)

☐ Surgery date (when applicable) _____ /_____ /_____ (MONTH / DAY / YEAR)

11. **Can you be left alone at your residence?** ☐ Yes ☐ No, explain below:

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

12. **Do you need an attendant to travel with you due to a cognitive condition, confusion, or disorientation?**

☐ No ☐ Yes, explain, _____

13. **Do you use any of the following aids?** Check all that apply and let the handyDART office know the type and size of equipment when booking:

- ☐ Power wheelchair with lapbelt and foot rests
- ☐ Manual wheelchair with lapbelt and foot rests

_____ approximate combined weight of wheelchair and passenger

- ☐ 3-wheel scooter
- ☐ 4-wheel scooter
- ☐ Walker
- ☐ Cane
- ☐ Oxygen tank
- ☐ Certified service animal

TRAVEL OPTION INFORMATION

We encourage our customers to use fixed-route service for some trips, and to use handyDART only as needed.

14. **Do you use fixed-route service 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 do not wish to receive free training.

15. **BC Transit can obtain my mobility information from one of the following** (check one only):

- ☐ Licensed Physician
- ☐ Licensed Optometrist
- ☐ Certified Rehabilitation Specialist
- ☐ Registered Occupational Therapist
- ☐ Registered Recreation Therapist
- ☐ Registered Vocational Therapist
- ☐ Health Authority Case Manager
- ☐ Registered Nurse or Nurse Practitioner

Please provide the information for the contact you selected above.

NAME PHONE

MAILING ADDRESS

AUTHORIZATION

16. The information provided in this form is solely for the use of BC Transit and Agents to determine your eligibility for custom transit services. By completing this application, you or your legal 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.
- You allow a site visit, at your primary pick-up location, and a mobility assessment by a BC Transit representative.
- I certify that the information provided in this application is true to the best of my knowledge.

SIGNATURE OF HANDYDART APPLICANT | DATE

FOR LEGAL REPRESENTATIVE* USE ONLY

FIRST NAME OF LEGAL REPRESENTATIVE | LAST NAME OF LEGAL REPRESENTATIVE

RELATIONSHIP TO APPLICANT | PHONE OF REPRESENTATIVE

EMAIL OF REPRESENTATIVE

SIGNATURE OF LEGAL REPRESENTATIVE | DATE

**Legal Representative*: *The Representation Agreement Act allows you to appoint someone as your legal representative to handle your financial, legal, personal care and health care decisions, if you're unable to make them on your own. You cannot appoint any person who is paid to provide you with personal or health care or who is an employee of a facility through which you receive personal or health care, unless that person is your child, parent or spouse.*

SEND COMPLETED APPLICATION TO:

Client Registrar
PO Box 100
Lazo, BC V0R 2K0
OR Fax: 250·339·2797

For more information, call 250·339·5442.