handy DART 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, Cowichan Valley Regional District handyDART, 5271 Boal Road, Duncan, BC V9L 6W3, email HDapplication.Cowichan@transdev.com or Fax: 250·709·2316. For more information, call 250·748·1230. Ladysmith (toll free) 1·855·748·1230.

Privacy	information	
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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

1	Permanen	t A	dd.	lress

PLEASE PRINT

E	LAST NAME					
		SUITE#				
			POSTAL CODE			
NE	CELL PHONE					
If your current mailing or temporary address is different from your permanent address (example: care facility or hospital), complete the following:						
E	LAST NAME					
		SUITE	#			
		POSTA	AL CODE			
cation and Accessibility						
•	nce for a tall vehicle?	Yes	No			
way and entry level clear of ob	stacles?	Yes	No			
	ındyDART vehicle	Yes	☐ No			
signation? If you have a PWD o	designation, you	"Confirmation document from	No de your n of Assistance" om the Ministry of Social t & Poverty Reduction)			
	rent mailing or temporary add ty or hospital), complete the force to the following and Accessibility riveway and road provide clear as way and entry level clear of observe any concerns regarding a haspecessing your pickup location? Urrently hold a provincial Persisignation? If you have a PWD of	Trent mailing or temporary address is different from year or hospital), complete the following: E LAST NAME Cation and Accessibility riveway and road provide clearance for a tall vehicle? Eway and entry level clear of obstacles? The control of the control	POSTA Trent mailing or temporary address is different from your permanently or hospital), complete the following: E LAST NAME SUITE POSTA cation and Accessibility riveway and road provide clearance for a tall vehicle? riveway and entry level clear of obstacles? ve any concerns regarding a handyDART vehicle coessing your pickup location? Irrently hold a provincial Persons with Disabilities signation? If you have a PWD designation, you ally unconditionally qualify for handyDART services.			





5.	Secondary Contact
	FIRST NAME LAST NAME RELATIONSHIP
	DAYTIME PHONE EVENING PHONE
PE	RSONAL INFORMATION
6.	Date of Birth/
7.	Gender MALE FEMALE OTHER PREFER NOT TO DISCLOSE
TR	ANSPORTATION 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) Surgery date (when applicable) //
11.	MONTH DAY YEAR MONTH DAY YEAR Can you be left alone at your residence? Yes No, explain below:
12.	NOTE: Your secondary contact will be called if someone is not available to receive you at home. Do you need an attendant to travel with you due to a cognitive condition, confusion, or disorientation?





	NAME	PHONE	
	Please provide the information for the contact you selected above.		
	Health Authority Case Manager	Registered Nurse or Nurse Practitioner	
	Registered Recreation Therapist	Registered Vocational Therapist	
	Certified Rehabilitation Specialist	Registered Occupational Therapist	
	Licensed Physician	Licensed Optometrist	
15.	BC Transit can obtain my mobility informat (check one only):	ion from one of the following	
	No, I do not wish to receive free training.		
	Yes, I am interested in receiving free train with a qualified trainer.	ning that will teach me how to use the bus at my own pace	
	If no, are you interested in learning how to tra	avel independently on the bus for some of your trips?	
14.	Do you use fixed-route service for some of	your trips? Yes No	
	encourage our customers to use fixed-route s needed.	service for some trips, and to use handyDART only	
	AVEL OPTION INFORMATION		
	Oxygen tank	Certified service animal	
	Walker	Cane	
	3-wheel scooter	4-wheel scooter	
	and foot rests	approximate combined weight of wheelchair and passenger	
	Power wheelchair with lapbelt	Manual wheelchair with lapbelt and foot rests	





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

Cowichan Valley Regional District handyDART

5271 Boal Road Duncan, BC V9L 6W3

Email: HDapplication.Cowichan@transdev.com

OR Fax: 250·709·2316

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