

handyDART APPLICATION



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 eligibility for handyDART, and ensure your mobility aid can be safely transported using our equipment (if applicable).

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. Secondary Contact

FIRST NAME	LAST NAME	RELATIONSHIP
DAYTIME PHONE	EVENING PHONE	

PERSONAL INFORMATION

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

6. Gender MALE FEMALE OTHER _____ PREFER NOT TO DISCLOSE

TRANSPORTATION DISABILITY INFORMATION

7. 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.

8. Describe your travel abilities and limitations.

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

9. Is your mobility limitation Permanent

Or Temporary, specify until when
(date can be extended as required)

Surgery date
(when applicable)

_____/_____/_____
MONTH DAY YEAR

_____/_____/_____
MONTH DAY YEAR

10. 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.

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

No Yes, explain, _____

12. 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.

13. 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.

14. 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"/> Health Authority Case Manager | <input type="checkbox"/> Registered Nurse or Nurse Practitioner |

Please provide the information for the contact you selected above.

NAME

PHONE

MAILING ADDRESS

HANDYPASS and TAXI SAVER

Permanent handyDART customers are eligible for Taxi Saver vouchers. Temporary handyDART customers are not eligible. **If you also want to apply for Taxi Saver vouchers, BC Transit requires you to have a handyPASS.**

If you have been approved for handyDART, and want a handyPASS, you need to contact City Hall.

The photo for your handyPASS will be taken at City Hall.

OVER



AUTHORIZATION

15. 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
1460 Ord Road
Kamloops, BC V2B 7V4
OR Fax: 250-376-7398

For more information, call 250-376-7525.

The personal information requested on this form will be used for the purpose of determining eligibility for custom transit, as specified in the British Columbia Transit Regulation of the British Columbia Transit Act. BC Transit collects this information pursuant to Section 26 of the Freedom of Information and Protection of Privacy Act. The information collected will be used in compliance with this Act. If you have questions about the collection and protection of your personal information, please contact BC Transit's Privacy Officer by emailing FOI_Request@BCTransit.com or phone 250.995.5679 (in Victoria) or 1.844.482.6161 or visit BC Transit at 520 Gorge Road East, Victoria, BC.