If you have a disability that prevents you from using fixed-route service some, or all of the time, you may be eligible for door-to-door handyDART service. Please complete all sections of this form. Our staff will contact you to discuss your application and travel options.

## CONTACT INFORMATION

1. **Permanent Address**

<table>
<thead>
<tr>
<th>FIRST NAME</th>
<th>LAST NAME</th>
<th>ADDRESS</th>
<th>SUITE #</th>
<th>CITY</th>
<th>POSTAL CODE</th>
<th>HOME PHONE</th>
<th>CELL PHONE</th>
<th>EMAIL</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>FIRST NAME</th>
<th>LAST NAME</th>
<th>ADDRESS</th>
<th>SUITE #</th>
<th>CITY</th>
<th>POSTAL CODE</th>
<th>HOME PHONE</th>
<th>CELL PHONE</th>
<th>EMAIL</th>
</tr>
</thead>
</table>

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**

<table>
<thead>
<tr>
<th>FIRST NAME</th>
<th>LAST NAME</th>
<th>RELATIONSHIP</th>
<th>DAYTIME PHONE</th>
<th>EVENING PHONE</th>
</tr>
</thead>
</table>

## PERSONAL INFORMATION

5. **Date of Birth**  

   [ ] MONTH / [ ] DAY / [ ] YEAR

6. **Gender**  

   [ ] MALE  [ ] FEMALE  [ ] OTHER [ ] PREFER NOT TO DISCLOSE
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.

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

9. Is your mobility limitation     ☐ Permanent
   Or ☐ Temporary, specify until when (date can be extended as required)

   ☐ Surgery date (when applicable)

   ☐ 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
    ☐ 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):
   □ 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

HANDYPASS and TAXI SAVER

handyPASS is a picture identification card for those permanently registered with handyDART. A handyPASS is not required to ride on handyDART. This pass is required to access the Taxi Saver program. This pass can also be used to allow an attendant to ride free on handyDART and conventional fixed-route transit.

You will be notified by mail if you are eligible for handyDART. If you are eligible, you can apply for your handyPASS and enroll in the Taxi Saver program. There is no charge for a handyPASS. There is a $25 fee to replace lost or damaged handyPASS cards.
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
Victoria Regional handyDART
4206 Commerce Circle, Victoria, BC V8Z 6N6
OR Fax: 250-479-5660

For more information, call 250-727-7811.

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.