# 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.

# handyDART APPLICATION

**Send completed application to:**
Client Registrar, 1041 Great Street, Prince George, BC V2N 2K8
For more information, call 250·562·1394 or email pgthandydart@Keolis.ca.

**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

## MOBILITY AND TRAVEL NEEDS

8. **In your own words, tell us what makes it hard for you to use the regular bus, some or all of the time.**

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 someone to travel with you to provide support that the driver cannot provide? Your driver will help you between your door and the vehicle, help you board and exit, and secure your mobility aid. Drivers cannot provide personal care, supervision, or hands-on support during the trip or at your destination. Someone who travels with you for that support is called an attendant. Attendants travel free of charge. A companion who travels with you by choice rather than for support pays a fare.**

☐ No

☐ Yes, for some trips. I can travel safely on my own at other times.

☐ Yes, for every trip. I understand this means I will not be able to travel without my attendant, and my trip may be cancelled if my attendant is not with me.

If you answered yes, briefly describe the support you need:

Attendant requirements are confirmed during your assessment.

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
☐ 3-wheel scooter
☐ Walker
☐ Oxygen tank
☐ Manual wheelchair with lapbelt and foot rests
_____ approximate combined weight of wheelchair and passenger
☐ 4-wheel scooter
☐ Cane
☐ Certified service animal

## TRAVEL TRAINING

Many people use handyDART for some trips and the regular bus for others. Free travel training helps you ride the regular bus with confidence when you are able to.

14. **Do you use regular bus for any of your trips?** ☐ Yes ☐ No

15. **Would you like free travel training to help you ride the regular bus at your own pace?** ☐ Yes ☐ No

## MEDICAL CONTACT

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

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

Please provide the information for the contact you selected above.

NAME PHONE

MAILING ADDRESS

## AUTHORIZATION

17. 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
1041 Great Street
Prince George, BC V2N 2K8
OR Fax: 250·562·1393

**For more information, 250·562·1394, or email pgthandydart@Keolis.ca.**

# Medical Verification of Eligibility

handyDART Services

The purpose of this form is to obtain information about the applicant's physical and/or cognitive functional ability to use regular bus service. The Clerk Registrar at handyDART will use this information to assess the applicant's eligibility for handyDART.

All parts must be completely filled out and signed by a qualified health care or social services practitioner familiar with the applicant's mobility. A medical doctor, registered nurse, registered psychiatric nurse, occupational therapist, physical therapist, rehab practitioner or social worker can complete the form.

Please clearly describe the applicant's ability or inability to use the regular bus. An incomplete or unclear form will be returned.

Fees for completing this form are the applicant's responsibility.

Submit form to your local handyDART office.

For more information, contact your local handyDART office.

**Submitting a completed form does not guarantee eligibility.**

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## Applicant's Name

Last Name | First Name | Initial

Pursuant to the *Freedom of Information and Protection of Privacy Act* and the *BC Transit Act,* the information on this form is solely for use by BC Transit and its Agents to determine eligibility for custom transit services.

1. What disability conditions prevent the applicant from using regular bus service?

_____

2. How does this condition affect the applicant's ability in the following areas?
   Please check each area as applicable.

- ☐ Permanent
- ☐ Walking/mobility
- ☐ Endurance
- ☐ Vision
- ☐ Memory
- ☐ Perceptual
- ☐ Behaviours
- ☐ Cognition
- ☐ Personal safety
- ☐ Other ( specify)

☐ Temporary

If temporary, for how long?

_____

Explain:

3. Does the applicant's disability or health condition prevent (as opposed to make difficult) use of low floor buses? ☐ Yes ☐ No ☐ Sometimes

   Explain:

4. When can the applicant use the bus?

   Explain:

5. Can the applicant:

- ☐ Make decisions about personal activities, care or finances
- ☐ Communicate or interact with others effectively
- ☐ Understand written and printed material
- ☐ Understand spoken word or auditory information
- ☐ Recognize landmarks
- ☐ Ask for directions
- ☐ Tell time
- ☐ Problem solve unexpected situations
- ☐ Safely cross the street
- ☐ Detect curbs and drop-offs
- ☐ See at night
- ☐ Walk up 3 steps (14 inches high) when handrails are available
- ☐ Walk down 3 steps (14 inches high) when handrails are available
- ☐ Walk as a pedestrian – max 3 blocks
- ☐ Walk as a pedestrian – max 2 blocks
- ☐ Walk as a pedestrian – max 1 blocks
- ☐ Wait at a bus stop while standing
- ☐ Wait at a bus stop while seated
- ☐ Plan a trip and travel alone outside the home
- ☐ Board a low floor bus (bus without steps) independently if the ramp is at curb level and handrails are available
- ☐ Stand on a bus while it is moving supported by a grab bar
- ☐ Travel on a bus when no transferring is required
- ☐ Travel in a bus when the bus stop is accessible
- ☐ Travel on the bus during non-rush hour traffic
- ☐ Travel on a bus with help (clarify from whom: bus operator, friend, etc.)
- ☐ Travel on the bus when the route is familiar
- ☐ Sit or rise, without assistance from another person, from a seat

Explain:

6. Will the applicant require a mandatory attendant for behavioural or medical reasons when they are on the handyDART? ❑ Yes ❑ No

7. Can the applicant be left alone at their destination? ❑ Yes ❑ No
   Can the applicant be left alone at home? ❑ Yes ❑ No

   Explain:

8. Do you have any other comments?

9. Did you complete any assessment or examination in order to determine this applicant's functional ability to take the regular bus? ❑ Yes ❑ No ❑ Partial

Form completed by:

Last Name First Name Initial

Signature Date Phone

Relationship to applicant: _____

Professional qualifications: _____

How long have you (or your agency) been involved with the assessment of this person's health and disability condition? _____