



## 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.

### 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 be contacted for additional information to help determine the level of care support required to safely utilize handyDART service.
- The outcome of the application will be mailed to your mailing address within ten (10) working 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.



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. **Note:** Regional Connector routes 98 & 99 provide transit between these zones. The connector routes are a low-floor, conventional transit, and can be used without handyDART registration.

**Please select your handyDART system:**

- Trail
- Castlegar

**Send completed application to:**

Client Registrar, handyDART, 8170 Old Waneta Road, Trail, BC V1R 4W9  
OR Email: KAL-wktdispatch@keolis.ca.  
For more information, call 1-855-993-3100.

**Privacy information**

By checking this box you acknowledge that the personal information provided by you is collected under Section 26(o) 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. Permanent Address****PLEASE PRINT**

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	<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"/>

10. 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

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
- 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 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):

<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.

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NAME

PHONE

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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  
handyDART  
8170 Old Waneta Road,  
Trail, BC V1R 4W9  
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