



## 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.
- Upon receiving the application form, the Mobility Specialist clinic will contact you within seven (7) 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 If there is no response after two weeks from the date of the letter, your application will be considered withdrawn.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



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).

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](mailto: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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the walkway and entry level clear of obstacles?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any concerns regarding a handyDART vehicle safely accessing your pickup location?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.

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NAME

PHONE

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MAILING ADDRESS

## 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  
PO Box 493  
Salmon Arm, BC V1E 4N6

**For more information, call 250-832-0191.**