handyDART APPLICATION

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.

☐ 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. 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	☐	☐	☐
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	☐	☐	☐

9. **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

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):

☐ 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

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
3701 - 4th Avenue
Port Alberni, BC V9Y 4H7
OR Fax: 250·723·8384

For more information, call 250·724·1311.