

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.

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.

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

Temporary

Walking/mobility

If temporary, for how long?

Endurance

Vision

Memory

Explain:

Perceptual

Behaviours

Cognition

Personal safety

Other (specify)

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?
Can the applicant be left alone at home? Yes No
 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? _____