Lethbridge Transit – ACCESS-A-RIDE Application

Access-A-Ride is a shared ride service, which provides service from one accessible door location to a second accessible door location. This service is for people who have a disability that prevents them from riding the conventional bus, within the City of Lethbridge, without the help of another person.

Please complete ALL sections of this form neatly to avoid any delay in processing.

☐ New application ☐ Re-application

Contact Information

PLEASE PRINT

1. Contact Information and Permanent Address

Last name _____ First Name _____ Initial _____

Address _____ Suite # _____

City _____ Province _____ Postal Code _____

( ) _____ ( ) _____

Home Phone Cell Phone

Email _____

2. If your mailing address is different from your permanent address, please complete the following:

Last name _____ First Name _____ Initial _____

Address _____ Suite # _____

City _____ Province _____ Postal Code _____

Personal Information

3. Date of birth _____

*Ages 0-6 or under 40 lbs. are not eligible for AAR Transit. Age 6-17 and over 40 lbs. are eligible with required hand to hand assistance. *"

4. Gender ☐ Female ☐ Male ☐ Other

5. In case of emergency, please contact:

Last name _____ First Name _____ Relationship _____

( ) _____ ( ) _____

Daytime Phone Evening Phone

6. In case of questions regarding this application, please contact:

Last name _____ First Name _____ Relationship _____

( ) _____

Phone Email

7. I would like my recommendation results to be sent by:

☐ Email: _____ ☐ Mailing address as above ☐ Alternate address: _____

If nothing is specified, your result recommendations will be sent by mail to your current residence address listed on this application.

"*Children/Minors: Due to Alberta Traffic Safety Act regarding child car seats and securement of infants and/or small children who are less than 18 kg (40 lbs) and under the age of six (6) can know not be accommodated on Access A Ride as passengers. Children over the age of six (6) and 40 lbs can ride Access A Ride as long as they are secured with the vehicle seat belt and wearing it correctly. Children aged 6 – 17 require at minimum mandatory hand-to-hand assistance (must be met by a caregiver at their destination). A care aid may be required to travel with the child if supervision is required"

8. Diagnosis: _____

_____

9. Describe your travel abilities and limitations.

I am able to:	**Always**	**Sometimes**	**Never**
Walk 3 city blocks (400 meters)	☐	☐	☐
Walk up and down steps	☐	☐	☐
Sit down or rise without assistance	☐	☐	☐
Ask for or receive travel directions verbally, or in writing	☐	☐	☐
See signs and read directions clearly	☐	☐	☐
Travel alone	☐	☐	☐

10. Is your mobility limitation a permanent or temporary condition?

☐ Permanent ☐ Temporary, specify recovery date when Access-A-Ride will no longer be required (date can be extended if necessary)
Anticipated date of recovery: _____

11. Can you be left alone at your residence? ☐ Yes ☐ No, explain below

_____

12. **Do you use any of the following aids?** Check all that apply and let the Access-A-Ride office know the type and size of equipment when booking:

☐ None
☐ Walker – non-folding
☐ Manual wheelchair
☐ Scooter**
☐ Oxygen tank
☐ Cane – includes white cane
☐ Walker – folding
☐ Power wheelchair**
☐ Service Animal
☐ Other: _____

Wheelchair specifics:

	Yes	**No**	**N/A**
Dimensions of the wheelchair: less than 30" W x 50" L	☐	☐	☐
☐ Manual wheelchair ☐ Electric Wheelchair			
Weight of equipment and passenger is less than 650 lbs (294.83 kg)	☐	☐	☐
Working brakes	☐	☐	☐
Seatbelt	☐	☐	☐
Footrests 2" clearance from ground	☐	☐	☐

Scooter specifics:

	Yes	No	N/A
The scooter is less than 30” W x 50” L	☐	☐	☐
Seatbelt	☐	☐	☐
Weight of equipment and passenger is less than 650 lbs (294.83 kg)	☐	☐	☐
The scooter has 3 wheels	☐	☐	☐
The scooter has 4 wheels	☐	☐	☐
Able to independently transfer from scooter to bus seat	☐	☐	☐

13. Lifemark Health can obtain additional mobility information from one of the following (Check one only):

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

Please provide the information for the contact you selected above:

_____(_____)_____

Name Phone

_____

Mailing Address

Please ensure you have identified a practitioner to provide Lifemark Health (an agent of Lethbridge Transit Access-A-Ride) of its Agents your "Release of Information" by completing and signing the Appendix Authorization on page 4. Also, ensure that the practitioner completes and signs the "Addendum - Medical Verification of Eligibility" (pages 5-8), before application is submitted to Lifemark Health for the next step of processing.

Please note that application will not be considered unless the form is completed and signed by the practitioner.

☐ I do not have a healthcare practitioner

Appendix – Authorization

The information provided in this form is solely for the use of Lethbridge Transit Access-A-Ride and its Agents (Lifemark Health) to determine your eligibility for custom Para-Transit services. By completing this application, you and your representative declare that you understand and authorize the following:

- You have a disability, medical conditions, or age-related frailty that prevents you from using the regular accessible transit some or all of the time.
- You consent to the disclosure of personal information by your medical practitioner (Doctor, Therapist, Case Manager, etc.) to Lethbridge Transit Access-A-Ride or its Agents.
- You acknowledge that you may be requested to undergo a functional assessment at your cost.
- Lethbridge Transit Access-A-Ride or its agents can re-assess your eligibility if it appears your transportation needs have changed.
- By signing this consent you acknowledge it is your sole responsibility to ensure that you or your agency has the legal authority to sign this consent.
- You consent to a Lifemark Occupational Therapist reviewing your application for the purposes of eligibility determination for use of para transit services.

Last name (Please Print) First Name (Please Print)

Signature of Applicant or Legal Representative Date

☐ I consent to the execution of this form by way of electronic signature (typed name in signature field) and agree that any such electronically delivered signature shall be valid and deemed to constitute an original.

***Legal Representative OR Designated Agency must complete contact information below.**

For Legal Representative Only - If a legal representative has signed on behalf of the client, this section MUST be completed. I certify this information provided is true to the best of my knowledge.

Mailing address

Email Phone Fax

Last name First name Title

Signature Date

For Designated Agency Only - If an agency has signed on behalf of the client, this section MUST be completed. I certify this information provided is true to the best of my knowledge.

Facility/Program Mailing address

Email Phone Fax

Last name First name Title

Signature Date

By signing this form, you have acknowledged your responsibility to ensure you or your agency is an approved designated agency or representative.

Please send completed application to: Lifemark Physiotherapy Magrath
#103, 1410 Mayor Magrath Drive South, Lethbridge, AB T1K 2R3
Email: AccessARide@lifemark.ca

For more information, call 403-329-3212

Addendum-Medical Verification of Eligibility

Access-A-Ride Service

The purpose of this form is to obtain additional information about the applicant's physical and/or cognitive functional ability to use regular bus service. Lifemark will use this information to assess the applicant's eligibility for Access-A-Ride service.

The application form must be completely filled out and signed by a qualified health care or social services practitioner familiar with the applicant's mobility. A qualified health practitioner with valid qualifications must complete this form.

The healthcare professionals completing the healthcare portion of the application are solely responsible to determine if they have the qualifications to complete the healthcare portion and recommendations in this application form.

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

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

Friends and family members cannot sign and submit form as healthcare practitioner for applicant.

Submit form to Lifemark Physiotherapy Magrath Office or through the Lifemark portal at:
https://www.lifemarkworkhealth.ca/city-of-lethbridge-access-a-ride.

If you require assistance completing this form, please call 3-1-1.

Submitting a completed form does not guarantee eligibility.

Applicant's Name

Last name	First name	Initial

Pursuant to the Freedom of Information and Protection of Privacy Act, the information on this form is solely for use by Lethbridge Transit Access-A-Ride and its Agents (Lifemark Health) to determine eligibility for custom transit services.

1. What disability conditions prevent the applicant from using Conventional / Fixed Route Transit service?

_____

2. How does this condition affect the applicant's ability in the following areas?

Limitations:

- ☐ Walking/mobility
- ☐ Hearing
- ☐ Endurance
- ☐ Vision
- ☐ Memory
- ☐ Perceptual
- ☐ Behaviours
- ☐ Cognition
- ☐ Personal Safety
- ☐ Other (specify) _____

Length:

- ☐ **PERMANENT**
- ☐ **TEMPORARY**

If temporary, for how long?

- ☐ Less than 3 months
- ☐ 3 months
- ☐ 6 months
- ☐ 1 year
- ☐ 2 years or more

3. Can the applicant:

Cognitive Abilities / Limitations:

	Yes	No
Make decisions about personal activities, care or finances	☐	☐
Communicate or interact effectively	☐	☐
Understand written/printed material	☐	☐
Understand spoken/auditory information	☐	☐
Recognize landmarks	☐	☐
Navigate in the community independently	☐	☐
Tell time	☐	☐
Ask for directions	☐	☐
Problem Solve unexpected situations	☐	☐
Plan a trip and travel alone outside the home	☐	☐

Physical Abilities / Limitations:

	Yes	No
Walk up 3 steps with handrails	☐	☐
Walk down 3 steps with handrails	☐	☐
Walk - maximum 3 blocks/400 m	☐	☐
Walk - maximum 2 blocks/250 m	☐	☐
Walk - maximum 1 block/100m	☐	☐
Wait at bus stop standing	☐	☐
Wait at bus stop sitting	☐	☐
Sit to stand independently	☐	☐
Stand on Transit while the bus is in motion	☐	☐

Visual Abilities / Limitations:

	Yes	No
Recognize landmarks	☐	☐
Understand printed materials	☐	☐
Detect curbs or drop offs	☐	☐
See at night	☐	☐
Safely cross the street	☐	☐

Behavioural Abilities / Limitations:

	Yes	No
Elopement risk	☐	☐
Wandering risk	☐	☐
Aggressive/unpredictable behaviours	☐	☐
Anxiety/worry	☐	☐

4. Is the applicant able to use Conventional / Fixed Route Transit with low-floor entrance/exit (no stairs) on the bus?

Yes ☐ No ☐ Sometimes ☐

Explain:

_____

_____

_____

5. In your professional opinion, would this applicant's ability to access the community be improved by accessing Access-A-Ride service? Yes ☐ No ☐

Explain:

_____

6. Will the applicant be travelling with the assistance of a personal attendant: ☐ Yes ☐ No

If indicated "yes", an attendant is required, please identify them below:

_____ (_____)_____

Last Name First Name Phone

The applicant is responsible to provide their own personal attendant or aide for all booked trips.

7. Will the applicant require hand to hand assistance? If so, this would be the responsibility of the applicant to have attendant waiting at home/bus stop until transit arrives and an attendant waiting to receive the applicant at the destination.

☐ Yes ☐ No

8. Can the applicant be left alone at their destination? ☐ Yes ☐ No

9. Can the applicant be left alone at home? ☐ Yes ☐ No

Additional information:

_____

_____

a. What mobility aides does the applicant use? Please provide details of usage.

_____

_____

b. Did you complete any assessment or examination in order to determine this applicant's functional ability to use accessible Transit bus service?

☐ Yes ☐ No

Healthcare portion of form completed by: Date:
Healthcare Professional Only

Last name (Please Print) First name Initial

Signature ( ) Phone

☐ I consent to the execution of this form by way of electronic signature (typed name in signature field) and agree that any such electronically delivered signature shall be valid and deemed to constitute an original.

Relationship to applicant: _____

Professional qualifications: _____

How long have you or the agency been involved in this applicant's care?

_____

Definitions of service:

Access-A-Ride is a paratransit service that offers door to door Transportation services for individuals who require assistance with their Transportation needs. Access-A-Ride will provide the rider an escort to and from their pick-up location and drop off destination with the limitation of "light assistance". Transit drivers are unable to provide medical care or services, if additional level of support is required while riding Transit, please see the below options of support:

Mandatory Attendant in paratransit refers to a required personal care assistant (PCA) or caregiver who must accompany a passenger during their trip due to the passenger's specific medical or mobility needs.

A mandatory attendant may be required if the rider:

- Cannot travel alone for safety reasons (e.g., cognitive impairments, severe mobility restrictions).
- Needs constant medical monitoring or physical assistance beyond what a Transit driver can provide (drivers will only provide a light assist).
- Requires help with personal care during the trip (e.g., administering medication, toileting, oxygen).
- Supervision for elopement or wandering risk. Transit drivers exit the bus with each rider to escort other riders to the doors, other riders wait on the bus. If the rider is unable to be left unsupervised, an attendant will be required.
- Have medical or behavioral condition that requires continuous care or management that may present a safety risk to themselves, others or the driver (supervision required at all times).

Hand-to-Hand Assistance in paratransit refers to a specialized level of assistance where the driver ensures that a passenger is physically handed over from one responsible party to another at both pick-up and drop-off locations. This service is typically required for passengers who:

- Have cognitive impairments (e.g., dementia, developmental disabilities) and cannot be left alone at home and destinations (but do not require supervision while riding the bus).
- Require physical assistance with transferring (sit to stand), entering or exiting the bus that exceeds the "light assist" Transit drivers are able to provide.
- Minors require supervision: Age 0-6 and under 40 lbs.: are not eligible for AARS Transit. Age 6-17 and over 40 lbs. are eligible with required hand to hand assistance. * Please see policy below.

Children/Minors: "*Children/Minors: Due to Alberta Traffic Safety Act regarding child car seats and securement of infants and/or small children who are less than 18 kg (40 lbs) and under the age of six (6) can no not be accommodated on Access A Ride as passengers. Children over the age of six (6) and 40 lbs can ride Access A Ride as long as they are secured with the vehicle seat belt and wearing it correctly. Children aged 6 – 17 require at minimum mandatory hand-to-hand assistance (must be met by a caregiver at their destination). A care aid may be required to travel with the child if supervision is required"