

DIAL-A-BUS APPLICATION FORM

Dial-A-Bus is a section of Whitecourt Transit that provides specialized, accessible, to-the-door services within the corporate limits of Whitecourt for individuals with physical or cognitive impairments who are unable to access Public Transit stops. To ensure Dial-A-Bus resources are dedicated to individuals it is intended to serve, all applicants are required to be assessed to confirm that they are unable to utilize the conventional, fixed-route public transit system.

QUALIFICATIONS:

- Resident of the Town of Whitecourt (lives within corporate limits).
- Unable to access Public Transit stops due to a physical or cognitive impairment.
- Doctor assessed.

PASSENGER INFORMATION:

- All passengers must be able to transport themselves to and from the Dial-A-Bus on their own or with an attendant.
- Operators will load wheelchairs and assist with securing mobility aids and seatbelts.
- Operators will not lift or push passengers up stairs or sharp slopes, or across uneven or soft terrain (such as grass or gravel).
- Operators will not carry parcels or bags, so passengers are asked to limit possessions to those they are comfortable carrying on their own and holding in their own lap.
- Approved applicants will be eligible for Transportation Vouchers and a \$40.00 monthly Dial-A-Bus pass.
- Chronic lateness, or scheduled rides that are frequently cancelled, may be suspended at the driver's discretion. All riders are to be ready five minutes prior to scheduled ride as drivers are not required to wait past scheduled ride time.

HOW TO APPLY:

1. Fill out Part A of this application.
2. Take the application (Parts A and B) to your doctor to have Part B completed. Both Part A and Part B must be completed in order for your application to be considered.
3. Return the completed application (Parts A and B) to the **Allan & Jean Millar Centre:**
 - Drop off: 58 Sunset Boulevard.
 - By mail: Box 509, Whitecourt AB T7S 1N6, Attention Community Services Secretary
 - Email: css@whitecourt.ca

Failure to completely fill out the application will delay the application process. The Community Services Department will notify you of your eligibility for Dial-A-Bus service.

RULES OF USE FOR VOUCHERS

1. A set of 12 vouchers is issued twice a year to qualified recipients: 12 vouchers for use between April and September, and 12 for use between October and March.
2. Each month vouchers are not picked up, the set of 12 will be reduced by 2 vouchers (pro-rated).
3. Vouchers are non-transferable and hold no cash value.
4. Vouchers are used in lieu of fare for travel within the corporate limits of the Town of Whitecourt on the Dial-A-Bus, Public Transit and in a taxi (restrictions apply).
5. Vouchers are good for travel in a taxi only when the Dial-A-Bus is not operating. Only one voucher per trip is needed, regardless of the number of riders, providing all riders are dropped off at the same destination. Each voucher is valid for any trip point to point within Whitecourt, with a \$3.65 charge per voucher (GST included). Substituting additional tickets for the \$3.65 fee is not acceptable.
6. Vouchers can only be used with Cesar's Cabs (780-262-0200) or Candy's Cabs (780-778-1616).
7. Each voucher used must be signed by the user. If using a taxi, the driver must sign the voucher and document the day and time the fare took place.
8. Abuse of the voucher system outside of the rules of use may result in the user being disqualified from further access to the Transportation Grant Program.

TO BOOK THE DIAL-A-BUS, CALL 780-706-5755

PLEASE LEAVE A MESSAGE IF THE DRIVER IS UNABLE TO ANSWER THE PHONE

For more information, contact the Community Services Secretary at:

780-778-6300 or css@whitecourt.ca

www.whitecourt.ca.

The personal information collected through the Dial-A-Bus Application Form is for the purpose of processing applications, including eligibility, review, and communication of decisions. This collection is authorized per section 4(c) of the Protection of Privacy Act. For questions about the collection of personal information, contact the Town of Whitecourt Administration Office at administration@whitecourt.ca or 780-778-2273.

DIAL-A-BUS PROGRAM

PART A - APPLICANT INFORMATION

To be completed by all applicants – PLEASE PRINT CLEARLY

Applicant Name: _____

Address: _____ Postal Code: _____

Phone: _____ Date of Birth: _____
(month / day / year)

Name of Care Facility (If applicable): _____

EMERGENCY CONTACT INFORMATION

Contact Name: _____

Phone: _____ Relationship: _____

Email: _____

1. Have you travelled **independently** or **with an assistant**, on a regular Public Transit bus in the past two years?

☐ Yes

☐ No

Please explain either answer: _____

2. Check **one** box that best describes your ability to get to and from a bus stop.

☐ I can always get to and from a bus stop.

☐ I can get to and from a bus stop **only if** (check all that apply):

☐ I have an attendant with me.

☐ I receive training or orientation for the stops I use.

☐ There are sidewalks available.

☐ The sidewalks have curb cuts.

☐ The ground is level or only slightly inclined.

☐ The path is free of ice, snow, or debris.

☐ I can never get to and from a bus stop (please explain): _____

3. Check **one** box that best describes your ability to wait outside at a bus stop.

- ☐ I can generally wait outside at a bus stop and recognize my bus.
- ☐ I can wait outside at a bus stop only if (check all that apply):
- ☐ I have an attendant with me.
- ☐ There is a bench.
- ☐ There is a shelter.
- ☐ The wait is no longer than minutes.
- ☐ Other: _____
- ☐ I cannot wait outside at a bus stop (please explain): _____
- _____

4. Will you use any of the following when you ride the Dial-A-Bus? (Check all that apply)

- | | |
|---|---|
| ☐ Manual Wheelchair | ☐ Walker |
| ☐ Guide Dog | ☐ Communication Boards |
| ☐ Powered Wheelchair | ☐ Hearing Aid |
| ☐ Cane | ☐ Crutches |
| ☐ Oxygen | ☐ Leg Braces |
| ☐ White Cane | ☐ Interpreter/Intervenor |
| ☐ Powered Scooter | ☐ Other: _____ |
| ☐ Prosthesis | |

The maximum base dimensions of mobility aid equipment are 30 x 48 inches (76 x 122 cm). Equipment larger than this cannot be accommodated. The combined weight of the equipment and passenger cannot exceed 750lbs (340kg).

5. Location recognition - Check **one** box that best describes your ability to recognize your destination and your home (check all that apply):

- ☐ I can independently recognize my destination and leave the bus.
- ☐ I cannot independently recognize my destination and leave the bus.
- ☐ I can recognize my destination and leave the bus **only if** (check all that apply):
- ☐ I have an attendant with me.
- ☐ The driver announces my stop.
- ☐ I receive travel training.
- ☐ Other: _____

6. If you use mobility aid equipment, can you transfer to a four-door sedan automobile without assistance?

☐ Yes ☐ No ☐ Sometimes

7. If approved for Dial-A-Bus service, when do you require the service?

☐ Winter (Approx. Oct. - Apr.)

☐ Summer (Approx. May - Sept.)

☐ Year round

☐ If temporary, specify duration: _____

8. Overall, how does your disability affect your use of regular fixed-route transit service provided by Public Transit?
(Please provide any additional information)

9. Do you require a mandatory attendant when riding the Dial-A-Bus?

☐ Yes ☐ No

Dial-A-Bus drivers must concentrate on the safe operation of their vehicles and cannot supervise those who require constant and frequent attention for medical or behavioural reasons. Registrants requiring attention of this nature, or who display behaviour unacceptable to other passengers, will be required to ride with an attendant at all times. If you require a mandatory attendant, Dial-A-Bus will only provide service when an attendant, provided by you, is travelling with you at all times. An attendant over the age of 18 is required for any passengers under the age of 12.

10. Can you be left alone at your destination?

☐ Yes ☐ No

11. Can you be left alone at home?

☐ Yes ☐ No

If you answered **NO** to either question(s), please explain: _____

If the registrant cannot be left alone, and no one is available to receive him/her when the vehicle arrives, the registrant will be assigned a mandatory attendant status and will have to travel with an attendant at all times.

Please provide an alternative drop-off address and contact person in close proximity to your home, in the event that you cannot be dropped off at your home.

Name: _____ Phone: _____

Address: _____

Relationship: _____

I hereby certify that to the best of my knowledge, the information given above is accurate and I authorize the health care professional named in Part B to provide information to Whitecourt Transit Dial-A-Bus. If Whitecourt Transit Dial-A-Bus receives new information regarding a change in my functional ability, my eligibility status may be reviewed and changed.

Signature: _____ Date: _____
(month / day / year)

If you are completing this application on the Applicant's behalf, please provide the following information:

Name: _____

Address: _____ Postal Code: _____

Phone: _____ Email: _____

Relationship to Applicant: _____

I certify to the best of my knowledge the information given above is accurate.

Signature: _____ Date: _____
(month / day / year)

WHEN YOU HAVE COMPLETED PART A, TAKE PARTS A AND B TO YOUR PHYSICIAN

** A fee may be charged by your physician to complete Part B. **

FOR OFFICE USE ONLY

Approved By: _____

Date: _____

DIAL-A-BUS PROGRAM

PART B: MEDICAL CONFIRMATION FORM

To be completed by a Physician and returned to the Applicant - PLEASE PRINT CLEARLY

Dial-A-Bus is a section of Whitecourt Transit that provides specialized, accessible, to-the-door transit services for individuals with physical or cognitive impairments who are unable to make use of regular fixed-route Whitecourt Transit services. To ensure Dial-A-Bus resources are dedicated to individuals it is intended to serve, all applicants are required to be assessed to confirm that they are unable to utilize the conventional, fixed-route public transit system. Any charges for completing this form or for obtaining additional information are the responsibility of the applicant.

For more information, contact the Community Services Secretary at:

780-778-6300 or css@whitecourt.ca

www.whitecourt.ca.

Applicant's Name: _____

1. I have read Part A in its entirety.

☐

Yes

☐

No

2. I agree with the information provided in Part A.

☐

Yes

☐

No

If you answered **NO** to either question(s), please explain:

3. What is the health condition(s) or disability that prevents the applicant from using the regular transit system?

4. Severity of disability/limitations:

☐

Mild

☐

Moderate

☐

Severe

☐

Profound

5. Expected duration of disability:

☐

Permanent (*No expectation of improvement*)

☐

Seasonal (*Approx. October - April*)

☐

Temporary - expected duration:

6. Does the applicant require an attendant when riding the Dial-A-Bus?

☐ Yes

☐ No

7. Can the applicant be left alone at their destination?

☐ Yes

☐ No

8. Can the applicant be left alone at home?

☐ Yes

☐ No

9. Are there any additional health concerns (i.e. behavioural, aggression, seizure) that Whitecourt Transit Dial-A-Bus should be made aware of?

I hereby certify that the information included in this assessment is accurate and a true reflection of the applicant's ability to use regular fixed-route Public Transit.

Physician Name: (please print) _____

Physician Signature: _____

Date: _____

(month / day / year)