

## 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 without the help of another person.

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

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### 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

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### Personal Information

3. Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

4. Gender  Female  Male

5. In case of Emergency, Please contact:

_____	_____	_____
Last Name	First Name	Relationship
(____)	(____)	
_____	_____	
Daytime Phone	Evening Phone	

6. Describe why you cannot use the fixed-route bus based on your cognitive and/or physical functional mobility limitations.

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7. Describe your travel abilities and limitations.

**I am able to:**

Walk/Roll 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

**I am unable to:**

Travel alone due to cognitive condition, confusion or disorientation

	Always	Sometimes	Never
Walk/Roll 3 city blocks (400 meters)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walk up and down steps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sit down or rise without assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ask for or receive travel directions verbally, or in writing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
See signs and read directions clearly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Travel alone due to cognitive condition, confusion or disorientation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. 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):

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

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

**NOTE: Your emergency contact will be called if someone is not available to receive you at home.**

10. 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:

- |  |  |
|--|--|
| <input type="radio"/> None                 | <input type="radio"/> Cane – includes white cane |
| <input type="radio"/> Walker – non folding | <input type="radio"/> Walker – folding           |
| <input type="radio"/> Manual wheelchair    | <input type="radio"/> Power wheelchair**         |
| <input type="radio"/> Scooter**            | <input type="radio"/> Service Animal             |
| <input type="radio"/> Oxygen tank          | <input type="radio"/> Other: _____               |

**\*\*Please Note:** If a wheelchair or scooter is used, the maximum base dimensions are **30" x 50" (76x127 cm)**. Equipment larger than this cannot be accommodated. A combined weight of the equipment and the passenger **Cannot exceed 750 lbs (340 kg)**.

Does the outside dimensions of the wheelchair/scooter **exceed** the identified measurements?  Yes  No

Does the combined weight of the passenger and mobility device **exceed** this weight?  Yes  No

If Yes to either weight or dimensions, please explain:

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11. Will you be travelling with the assistance of a personal aide:  Yes  No  Sometimes  
If you require the assistance of a personal attendant or aide, please identify them below:

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Last Name	First Name	(____) _____
		Phone

**\*\*You are responsible to provide your own personal attendant or aide for all booked trips.\*\***

We encourage our customers to use Transit fixed-route service for some trips, and to use Access-A-Ride when regular Transit services are inaccessible.

12. Do you use Transit fixed-route service for some of your trips?  Yes  No

Yes, I am interested in receiving free training that will teach me how to use the regular Transit bus service at my own pace with a qualified trainer.

No, I do not wish to receive free training.

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13. Lethbridge Transit Access-A-Ride can obtain my mobility information from one of the following (Check one only):

- |   |  |
|---|--|
| <input type="radio"/> Licensed Physician                  | <input type="radio"/> Licensed Optometrist                   |
| <input type="radio"/> Certified Rehabilitation Specialist | <input type="radio"/> Registered Occupational Therapist      |
| <input type="radio"/> Registered Recreation Therapist     | <input type="radio"/> Registered Vocational Therapist        |
| <input type="radio"/> Health Authority Case Manager       | <input type="radio"/> 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

***Please ensure you have identified a practitioner to provide 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 Lethbridge Transit Access-A-Ride for the next step of processing.***

**Continue next page to Appendix – Authorization**



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### Appendix – Authorization

The information provided in this form is solely for the use of Lethbridge Transit Access-A-Ride and its Agents 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 can re-assess your eligibility if it appears your transportation needs have changed.

\_\_\_\_\_  
Last Name (Please Print)

\_\_\_\_\_  
First Name (Please Print)

\_\_\_\_\_  
Signature of Applicant or Legal Representative

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

**\*Legal Representative must complete contact information below.**

**For Designated Agency Use Only – Application Assessment**

**I certify that the information provided in this application is true to the best of my knowledge.**

\_\_\_\_\_  
Facility/Program

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Email

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Designated agencies/representatives include: CNIB, Intermediate or Extended Care Facility Case Manager, Dementia/Geriatrics Program Case Manager, Mental Health Case Managers, Community Living Program Social Worker.**

**Please send completed application to:**

Lethbridge Transit – Access-A-Ride  
619 – 4 Ave North, Lethbridge, AB T1H 0K4  
Email: [aar@lethbridge.ca](mailto:aar@lethbridge.ca) or Fax: 403-380-3876

**For more information, call 403-329-6464**



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*Lethbridge*

## Addendum-Medical Verification of Eligibility

### Access-A-Ride Service

The purpose of this form is to obtain information about the applicant’s physical and/or cognitive functional ability to use regular bus service. Access-A-Ride 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 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 Transit bus service. An incomplete or unclear form will be returned.**

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

Submit form to Lethbridge Transit Access-A-Ride office or online at [www.lethbridge.ca/transit](http://www.lethbridge.ca/transit)  
Or to [aar@lethbridge.ca](mailto:aar@lethbridge.ca)

For more information, contact the Access-A-Ride at 403-329-6464

**Submitting a completed form does not guarantee eligibility.**

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### 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 to determine eligibility for custom transit services.

1. What disability conditions prevent the applicant from using accessible Transit service?

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

- |  |  |
|--|--|
| <input type="radio"/> <b>PERMANENT</b> | <input type="radio"/> <b>TEMPORARY</b>                                     |
| <input type="radio"/> Walking/mobility | <input type="radio"/> If temporary, for how long?                          |
| <input type="radio"/> Endurance        | <input type="radio"/> Less than 3 month                                    |
| <input type="radio"/> Vision           | <input type="radio"/> 3 months   |
| <input type="radio"/> Memory           | <input type="radio"/> 6 months   |
| <input type="radio"/> Perceptual       | <input type="radio"/> 1 year   |
| <input type="radio"/> Behaviours       | <input type="radio"/> 2 years  |
| <input type="radio"/> Cognition        | <input type="radio"/> 3 years or more                                      |
| <input type="radio"/> Personal Safety  | <input type="radio"/> Seasonal—Nov. 1 – Apr 30 each year (Re-Apply Yearly) |
| Other (specify) _____                  | for seasonal restrictions please describe below:                           |

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3. Does the applicant's disability or health condition prevent (as opposed to make difficult) use of low floor Accessible Transit?       Yes       No       Sometimes  
(See our website for further Transit bus accessibility information at [www.lethbridge.ca/transit](http://www.lethbridge.ca/transit))

Explain:

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4. When is it possible for the applicant to use traditional fixed route accessible transit?

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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 or 400m
- Walk as a pedestrian – max 2 blocks or 250m
- Walk as a pedestrian – max 1 block or 100m
- Wait at a bus stop while standing
- Wait at a bus stop while seated
- Plan a trip and travel alone outside the home
- Board low floor accessible Transit (bus without steps) independently if the ramp is at curb level  
And handrails are available
- Stand on an Accessible Transit bus while it is moving supported by a grab bar
- Travel on an Accessible Transit bus when no transferring is required
- Travel in an Accessible Transit bus when the bus stop is accessible
- Travel on the Accessible Transit bus during non-rush hour traffic
- Travel on the Accessible Transit bus when the route is familiar
- Sit or Rise, without assistance from another person, from a seat
- Travel on Conventional Accessible Transit with help (clarify from whom: personal attendant/aid, friend, etc.)

Explain:

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6. Will the applicant require a mandatory attendant? If so, it would be the *responsibility of the client* to provide this attendant.  Yes  No

7. Can the applicant be left alone at their destination?  Yes  No  
Can the applicant be left alone at home?  Yes  No

Explain:

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8. Do you have any other comments?

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9. Did you complete any assessment or examination in order to determine this applicant's functional ability to use accessible Transit bus service?  Yes  No

Form completed by:

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

\_\_\_\_\_  
Last Name (Please Print)

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Initial

\_\_\_\_\_  
Signature

(\_\_\_\_\_) \_\_\_\_\_  
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? \_\_\_\_\_