

City of Owen Sound

Specialized Transit Application

Information Sheet

**For further information or assistance with this form phone 519-376-1440.
Incomplete applications will not be processed and will be returned to sender.**

Eligibility Guidelines:

Specialized Transit has been established for residents of the City of Owen Sound with certain limitations that limit their ability to use the conventional public transit for part or all of the time. The criteria are: • the inability to walk one City block or to the nearest bus stop to their home or place of residence for either the initial or return trip and/or • insufficient endurance or stamina to tolerate a bus ride with multiple stops and/or transfers and/or • insufficient cognitive ability to understand the conventional transit system and/or manage transfers and/or • disorientation to environment thereby inhibiting safe and independent use of conventional transit.

Freedom of Information:

This information is gathered in accordance with the Municipal Act of Ontario 2001. It will be used by the Specialized Transit Review Committee to determine the eligibility of applicants and for emergency purposes. Information of a personal or private nature is protected by the Municipal Freedom of Information and Protection of Privacy Act RSO 1990. Under the Act all or part of this record may be disclosed if circumstances warrant. By signing this application, the applicant consents to those inquiries deemed necessary to determine eligibility or the need for an attendant.

Application Process:

To be processed an application must be fully answered and include sufficient detail for the Specialized Transit Review Committee to complete the assessment of the limitations of the applicant. A failure to provide sufficient information may cause a delay in processing an application. In some cases the Committee may require a telephone interview for clarification of medical information. A letter or form may be required from a professional health care provider and the applicant is responsible to arrange for the required form or letter. Failure to provide any required information will cause a delay in the assessment process.

If you require a Power of Attorney or Agent to act on your behalf when completing this application please include a copy of the Power of Attorney for Personal Care or contact the number above for further information.

Should an application be refused or the applicant disagrees with any requirements or restriction on usage they may appeal first to the Operations Advisory Committee and if the person is still not satisfied they may subsequently appeal to Owen Sound City Council. Because of the confidential nature of medical information the appeals will be held in camera unless the applicant requests an open hearing. All appeals must be requested in writing and an applicant has the right to appoint an agent or friend to assist with the appeal.

Completed applications should be mailed to or delivered to:

Transit Division, Operations Department
City of Owen Sound
808 2nd Avenue East
OWEN SOUND ON N4K 2H4

Client Responsibility:

It is the responsibility of clients not to miss and/or be late for scheduled pickup times or to cancel booking times for the service with short notice. Should a client repeatedly abuse the service or cause disruption of the service, the client may lose the privilege of using Specialized Transit. Client must pay their full fare prior to the commencement of any trip.

Categories of Service:

Unlimited Service: A year round permit with unrestricted or full access to use the service.

Attendant Required: In certain cases the Specialized Transit Review Committee may require an attendant to accompany a client for the safety and well being of the client.

Temporary Service: A permit issued for a short term or a fixed period of time to an individual with a presumed temporary condition.

Visitor: A permit issued to eligible visitors to the City of Owen Sound for a block period of time consisting of less than 3 weeks in any 12 month period.

Winter Use Only: A permit issued for the winter season from the 15th of October to the 30th day of April.

PLEASE RETAIN THIS INFORMATION SHEET FOR YOUR RECORDS.

Personal Information: (Please print)

First Name: _____ Last Name _____

[] Mr. [] Mrs. [] Ms. Phone: Home _____ Alternate _____

Current Address _____
Street name and number Apt. # City Postal Code

Permanent Address _____
Street name and number Apt. # City Postal Code

Alternative Contact _____
Street name and number Apt. # City Postal Code

Birth Date: Month _____ Day _____ Year _____

Previous Specialized Transit User Yes [] No []

Number of steps inside your residence _____ and number of steps outside _____

Transit Information:

When did you last use or tried to use a Conventional Transit Bus? _____

Location of nearest City bus stop to your residence? _____

How far is that bus stop from your residence? _____

Are there any physical reasons or barriers to stop you from using the bus stop? _____

Mobility Information:

Can you manage a conventional bus ride with multiple stops and/or transfers? Yes [] No []
(please explain) _____

Are you able to walk a distance of 1 city block (150 metres/492 feet)? Yes [] No []

How long are you able to manage the following activities in relative comfort (hours, minutes)?

Walking _____ Standing _____ Sitting _____

Do you need assistance when changing position from sitting to standing? Yes [] No []

Do you regularly use any of the following: Wheelchair [] Scooter [] Walker [] Cane(s) []
Crutches [] Other (specify) _____

Is your need for a wheelchair or other assistive device continuous []; or partial []; or
primarily for transit only []. Explain if your need is primarily for transit only?

Cognitive Information:

The following questions are to determine whether the applicant can independently travel to and
from their residence and easily use conventional transit.

Can the applicant use the conventional transit system and manage any required transfers with
reasonable assistance from the Driver? Yes [] No []. If no, please explain _____

Is the applicant oriented to:

Person Yes No Place Yes No Time Yes No .

If you answered no to any of the above questions , please explain _____

Disability Information:

Clearly describe your disability and exactly how it limits your ability to easily use the conventional transit service. **This section must be completed with sufficient detail including specific medical conditions.**

Special Needs:

Is your condition temporary and/or likely to improve over time? Yes No

If the answer to the above question is Yes then please answer the following two questions.

a) How long will you require the use of special transit? No. of weeks _____

b) How did you arrive at this length of time _____

Are you applying for a winter registration from October 15th to April 30th? Yes No

If the answer to the above question is Yes please explain why you need a winter permit.

Need for an Attendant:

The Specialized Transit Review Committee may deem it necessary for an attendant to accompany a client. This is at the expense of the client and up to the client to arrange for the attendant. Reasons for requiring an attendant include, but are not limited to, an unstable medical condition such as seizures, and/or confusion, disorientation, anxiety, agitation, impaired or limited cognitive functioning and the inability to operate a wheelchair or motorized device independently.

Do you believe that you require an attendant? Yes No

If the answer to the above question is yes then please state the nature of the medical condition or special need which may require an attendant. (This question is asked to ensure your safety.)

Emergency Information:

In case of emergency please notify

Name _____ Phone No. _____

and

Name _____ Phone No. _____

Declaration:

I have read the Specialized Transit Application Information Sheet and I declare that the information on this form is correct to the best of my knowledge and I acknowledge and understand that errors of fact may lead to my disqualification to use the Specialized Transit System in the City of Owen Sound.

Date _____

Signature of Applicant or Agent _____.

****If the Agent's signature is on this form, you MUST attach a copy of the Power of Attorney for Personal Care. If you do not have a Power of Attorney for Personal Care contact the Transit Division at 519-376-1440.****

ALL QUESTIONS MUST BE COMPLETED BEFORE THIS APPLICATION MAY BE PROCESSED.