



## Para-Transportation Registration

Office of the City Engineer

Transit Department

P.O. Box 1539, 500 Dundas Street

Woodstock, ON N4S 0A7

Phone: 519-539-1291

# Specialized Transit Application Form

**Both Part A and Part B must be completed for your application to be considered.**

## Eligibility Criteria

Qualifying riders is based on the person with the disability's ability to use regular fixed-routes transit services. It is not based solely on disability, age, or medical diagnosis.

- **Unconditional:** Riders require specialized services, i.e.: permanent disability.
- **Temporary:** Riders require specialized services for a limited duration, i.e.: temporary disability.
- **Conditional:** Riders required specialized services under certain circumstances such as difficulty during winter months (November 1 to March 31).

Perceived inconvenience, real inconvenience, or simply just the desire not to use the regular fixed-route bus services does not meet the criteria to qualify.

## Scope of Services

The Service Is:

- A scheduled pre-booked bus, shared ride, door-to-door service.
- You must qualify for at least one of the above criteria.
- A service intended for those who, due to a functional limitation/disability cannot board, ride or disembark from our regular fixed-route fully accessible buses.

## The Service Is not:

- A taxi service. You must be ready to board the vehicle at your scheduled pickup time as we have other clients to pick up and a schedule to maintain.
- A service for seniors without a disability that prevents them from using our regular fixed-route transit service.
- To replace conventional transit/regular fixed-route service when it is not in operation or not convenient.

**Note: All regular fixed-route buses are accessible and equipped with a ramp and the ability to “kneel” lower to the ground. There are no stairs on all our buses. All stops are announced, and all bus stops and bus shelters are accessible.**

We offer travel training for those who are not comfortable riding our fixed-route transit or know how to read the transit map and would like some assistance in learning to use our transit system.

The information provided on this application is confidential. It is protected from access by the Municipal Freedom of Information and Protection of Privacy Act, 1990.

This application may be subject to review by the City Physician and any other person deemed appropriate by the City Clerk.

If you have any questions or need assistance, please call Para-Transportation at (519) 539-1291 extension 3105.

## How to Apply for Specialized Transit Service:

- Fill out Part A of this application.
- Take or send the application (Parts A and B) to your health care professional to have Part B completed.
- Return the complete application (Both Parts A and B) in person to the Office of the Engineer, Transit Department-Specialized Transit Registration, 944 James Street, Woodstock, ON N4S 0B5 or email it to [engineering@cityofwoodstock.ca](mailto:engineering@cityofwoodstock.ca).
- We will notify you of your eligibility. If we require additional information, we may call you to obtain more information about your disability and how it affects your ability to use regular accessible fixed-route transit services.
- If you have not been notified within fourteen (14) business days of submitting your application, please call us at 519-539-2382 ext. 3104 or 3102.

**Failure to completely fill out this application form may delay the application process**

## Part A: To be Completed by the Applicant

### Please Note:

- All regular fixed conventional route buses are accessible and equipped with a ramp and the ability to 'kneel' lower to the ground.
- There are NO Stairs on our buses.
- All stops are announced, and all bus stops and bus shelters are accessible.
- If you are able to use our regular transit system but are not comfortable or familiar with this service, we are happy to provide a travel training session to help teach you how to read the map and become familiar and comfortable when riding our regular fixed-route transit buses.
- If you would like to book your own rides through Blaise Transit, an email is required.

### Please Print Clearly

#### 1. Applicant Contact Information:

(Please check one)     Mr.     Mrs.     Ms.     Other

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

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

\_\_\_\_\_  
House #

\_\_\_\_\_  
Street Name

\_\_\_\_\_  
Unit # (if applicable)

\_\_\_\_\_  
City

\_\_\_\_\_  
Province

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Home Phone #

\_\_\_\_\_  
Daytime Contact #

\_\_\_\_\_  
TTY/TTD # (if applicable)

\_\_\_\_\_  
Email Address

**(Email is required to book your own rides with Blaise Transit.)**  
*You may also call Paratransit Dispatch to book your rides.*

#### 2. Date of Birth:

\_\_\_\_\_  
Month

\_\_\_\_\_  
Day

\_\_\_\_\_  
Year

**3. Emergency Contact:**

\_\_\_\_\_

**First Name**

\_\_\_\_\_

**Last Name**

\_\_\_\_\_

**Relationship to applicant**

\_\_\_\_\_

**Contact Phone #**

**4. Do you have a current driver's license?**

**Yes:**       **No:**

**5. Do you have access to a vehicle?**

**Yes:**       **No:**

**If you answer Yes above, please explain.**

\_\_\_\_\_

\_\_\_\_\_

**6. Do you currently use Woodstock Transit fixed-route services?**

**Yes:**       **No:**

**7. In the past have you ever used Woodstock Transit fixed-route services?**

**Yes:**       **No:**

**8. If you have answered Yes to either questions 7 or 8, what restrictions do you have that keep you from using our fixed-route services?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**9. Getting to and from a bus stop?**

I can get to and from a bus stop if:

*(Check all that apply)*

- If I have an attendant or support person with me. *(You may apply for a Support Person Pass to use on our regular fixed-transit buses to have your support person ride for free)*
- If the bus stop is no more than an average city block away. (Approx. 175m/575ft)
- If I receive travel training to help me become more comfortable using regular fixed routes.
- If a seat is available.
- If the path to the bus stop is level or only slightly inclined.
- If the path to the bus stop is free of ice, snow, and debris.
- Other: \_\_\_\_\_

**I cannot get to and from a bus stop or use the regular fixed-route buses.**

**Please explain:**

---

---

**10. Waiting at a bus stop:**

I can wait outside at a bus stop if:

*(Check all that apply)*

- There is a bench.
- There is a shelter.
- The wait time is no longer than \_\_\_\_\_ minutes.
- If it is not during the winter season.
- Other:

**I cannot wait outside a bus stop.**

**Please explain:**

---

---

---

**11. Travel Requirements: The information in this will not be used to determine eligibility, but rather to assist with service planning.**

*(Choose all that apply)*

- Medical Appointments
- Employment
- School / Training
- Outpatient / Rehabilitation Therapy
- Workshops / Day Programs
- Other: \_\_\_\_\_

**12. Will you use any of the following when you ride our specialized transit?**

*(Choose all that apply)*

- Manual Wheelchair
- Walker
- Crutches
- Service Animal
- Powered Wheelchair
- Cane
- Prosthesis
- Other:
- Powered Scooter
- White Cane
- Oxygen Bottle

**Note:** The maximum base dimensions for devices cannot exceed 76 x 127cm (30 x 50 in). The maximum combined weight with rider and mobility device cannot exceed 800lbs. All devices must be kept clean and in good repair, as Woodstock Specialized Transit may not be able to provide service if the device cannot be properly secured.

**13. Do you require a support person/attendant when you travel? A support person is required to assist the applicant for mobility or cognitive reasons. A person travelling with you as a friend or companion is not considered a support person and must therefore pay the appropriate fare.**

- Yes
- No
- Sometimes

**14. What is your disability? Please list all that apply.**

---

---

**15. Please explain how your disability affects your ability to use our regular accessible fixed routes transit service.**

---

---

**16. If you use a wheelchair or scooter, can you transfer to a bus seat without assistance?**

- Yes
- No
- Sometimes
- Not Applicable

### Applicant's Acknowledgement

- I hereby certify that to the best of my knowledge, the information given above is correct, and I authorize the health care professional named on Part B to provide information to Engineering & Transit Department.
- I understand that any false statements on this application can result in the termination of participation in this service.
- I understand that approval of this application depends on verification that the applicant  meets all the criteria included in this application.
- I understand that Woodstock Specialized Transit requires all passengers to wear a lap belt while using a wheelchair and passengers using a scooter must transfer to a vehicle seat where a lap belt is available.
- If new information is received regarding a change in my functional ability, it must be reported to Para Transportation and my eligibility status may be reviewed.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date (mm/dd/yyyy)

If you are NOT the applicant, but have completed this application on the applicant's behalf, you must provide the following information.

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

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

\_\_\_\_\_  
Home Phone #

\_\_\_\_\_  
Daytime Contact #

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Relationship to the Applicant

- I certify that to the best of my knowledge the information given above is correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

When you have completed Part A, take Part A and B to your health care professional.

When Part B has been completed, mail or deliver both Parts A and B to:

**Mail to:**

Office of the City Engineer  
Transit Department-Specialized Transit Registration  
P.O. Box 1539, 500 Dundas Street Woodstock, ON N4S 0A7

or

Email to: [engineering@cityofwoodstock.ca](mailto:engineering@cityofwoodstock.ca)

## Part B: To be Completed by your Health Care Professional

Please Complete Contact Information Below

or Place Stamp in the Blank Space Below

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Office Phone #

### Profession

(Check one)

- |  |  |
|--|--|
| <input type="checkbox"/> Licensed Physician                  | <input type="checkbox"/> Nurse Practitioner                |
| <input type="checkbox"/> Licensed Physical Therapist         | <input type="checkbox"/> Licensed Optometrist              |
| <input type="checkbox"/> Certified Rehabilitation Specialist | <input type="checkbox"/> Registered Occupational Therapist |
| <input type="checkbox"/> Certified Psychiatrist              |  |

1. Please verify that the applicant (or representative) has completed Part A. Please read Part A in its entirety.
2. In completing Part B, please follow the criteria noted in Part A (you may be contacted if any questions remain).
3. The application must be filled in completely and **must be legible** or it may delay the approval processed.

### Certification Process

Please be certain to base your evaluation solely upon the applicant's ability to use regular accessible fixed route transit service (conventional transit).

All Woodstock Transit fix-route buses are fully accessible and equipped with a ramp and the ability to 'kneel' lower to the ground. There are NO STAIRS. All stops are announced, and all bus stops and bus shelters are accessible. Those who use mobility devices may not require the use of Specialized Transit but may only require the service over the winter months or for a short period of time. People with a disability would be considered eligible for Specialized Transit if by attempting to use fixed-route bus service their health and wellbeing would be significantly at risk.

We offer Travel Training for those applicants who are interested in riding regular fixed route transit but feel they would benefit from assistance in learning to navigate our transit system. The City of Woodstock's Specialized Transit is intended for those who, due to functional limitations cannot board, ride or disembark from a regular fixed route accessible bus.

**1. I have read Part A in its entirety and agree with the information in Part A:**

- Yes       No

**2. If No, please explain:**

---

---

**3. Please explain the condition causing the disability.**

---

---

**4. Please explain how this disability would impact the applicant if they were to use regular fixed route transit with accessible buses.**

---

---

**5. Severity of condition**

- Mild       Moderate       Severe       Profound

**6. Expected duration of the disability**

- Temporary: Expected Duration Until:    DATE: \_\_\_\_\_
- Winter Only (November to March)
- Permanent: Impacts of disability will not change.

**7. Is the applicant capable of riding regular fixed route transit?**

- Yes       No

**8. Does the applicant require an attendant/support person to travel with them?**

- Yes       No      Sometimes

**9. Does the applicant use a scooter?**

- Yes       No       Sometimes

If Yes, is the scooter medically required?       Yes       No

10. Are there any other effect(s) of the disability that prevents the applicant from using regular fixed route transit that Para Transportation should be aware of?  
Please print clearly.

I hereby certify that the above information is true.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Thank you for your assistance.**

**Please return this application to the Para Transportation applicant or with the person's permission, forward it directly to Para Transportation:**

**Para Transportation Registration**

**Mail to:**

Office of the City Engineer  
Transit Department-Specialized Transit Registration  
P.O. Box 1539, 500 Dundas Street, Woodstock, ON N4S 0A7

Email to: [engineering@cityofwoodstock.ca](mailto:engineering@cityofwoodstock.ca)

**For Internal Use Only**

Eligibility: \_\_\_\_\_

Duration: \_\_\_\_\_

Support Person Yes \_\_\_\_\_ No \_\_\_\_\_

Fill Out Part B Upon Renewal N/A \_\_\_\_\_ Yes \_\_\_\_\_