



SPECIALIZED TRANSIT SERVICES APPLICATION

This form is for use by persons who wish to apply for London's Specialized Transit Service. This service is intended for persons with disabilities, either permanent or temporary, which prevent them from being able to access London's standard fixed route transit service.

The information obtained in this certification process will be used by London Transit only to assess the applicant's eligibility for some form of Specialized Transit Service. All information contained in this application will be kept confidential.

If you have any questions or need assistance to complete this application form, please call Customer Service at 519-451-1347 and a customer service representative will assist you.

HOW TO APPLY FOR SPECIALIZED TRANSIT SERVICES

1. Carefully read Part A of this application.
2. Fill out Parts B and C of this application.
3. Have your health care professional review parts B and C and then complete Part D.

Failure to completely fill out parts B, C and D of the application will delay the application process.

Your application will be assessed by London Transit. You may be requested for additional information, to participate in an interview (by phone or in person), and/or participate in a functional assessment. London Transit's health care professional will advise accordingly.

If you are denied eligibility, you will have the right to appeal. For information on the appeals process please call 519-451-1340 Ext. 420.

The completed application (all parts) are to be returned to:

**London Transit Commission
450 Highbury Avenue North
London, ON N5W 5L2
Attention: Specialized Transit Services**

PART A - ELIGIBILITY & WHO CAN CERTIFY

ELIGIBILITY

There are three categories of eligibility to qualify for London's Specialized Transit Services.

- **Unconditional**- All trips require specialized services, i.e for a permanent disability.
- **Temporary**- All trips require specialized services for a limited duration i.e for a temporary disability such as during recovery from a hip/knee surgery.
- **Conditional**- Trips taken by a person with disabilities who require specialized services under certain circumstances, such as with extreme weather or variable environmental barriers.

Eligibility for the above-mentioned services will be determined based upon, in part by the responses in parts C and D of this Application. Eligibility **will not** be based upon the following:

- The age of the applicant
- The income of the applicant
- The applicant's travel requirements as set out in part B of this application

WHO CAN CERTIFY

If your disability prevents you from using London's regular fixed-route service, one of the following health care professionals, as appropriate to your case, may complete part D of this application form:

- Licensed physician
- Licenced physiotherapist
- Licenced optometrist/ophthalmologist/eye physician
- Registered occupational therapist/physiotherapist
- Certified psychologist/psychiatrist
- Registered Nurse Practitioner/Registered Nurse

The above-mentioned services are not intended to replace a person's private automobile, or to replace London's fixed-route service when service is limited, not operating, or not convenient.

As you complete this application form, please keep in mind that you may be able to use the regular transit service for some of your trips. All of London's fixed routes are fully accessible; further, London's bus Operators have all received special training on how to assist persons with disabilities.

PART B - APPLICANT INFORMATION & TRAVEL REQUIREMENTS (applicant to complete)

1) Name:

(Last)

(First)

(Middle)

2) Date of Birth:

(Year/Month/Day)

3) Address:

(Number)

(Apt)

(Street)

(City)

(Postal Code)

PART B - APPLICANT INFORMATION & TRAVEL REQUIREMENTS CON'T (applicant to complete)

4) Contact Information

Daytime Phone: (____) _____ Evening Phone: (____) _____

TTY/TDD Number: (____) _____ Email Address: _____

5) In case of an emergency, please indicate the name and number of someone in the area who should be notified (family, friend, neighbor, case worker, etc.)

Name: _____ Relationship to applicant: _____

Telephone Number(s): (____) _____

6) Travel Requirements

The information in this section **will not** be used to determine eligibility, but rather to assist with service planning, that is to match service need with appropriate service options.

- ☐ Medical Appointments
- ☐ Outpatient /Rehabilitation Therapy
- ☐ Workshops / Day Programs
- ☐ Employment
- ☐ School / Training
- ☐ Other: _____

PART C - APPLICANT SELF-EVALUATION (applicant to complete)

1) Check off and specify, if appropriate, the medical classification of the diagnosis or condition in terms of functional impairment that affects your ability to access regular public transit.

- ☐ Intellectual Disability: _____
- ☐ Respiratory Deficiency: _____
- ☐ Cardiac Deficiency: _____
- ☐ Traumatic Brain Injury: _____
- ☐ End Stage Renal Failure: _____
- ☐ Mental Health: _____
- ☐ Orthopedic Injury: _____
- ☐ Other(s): _____

2) Check the box(es) that best applies to you:

I can usually get to and from a regular transit bus stop:

- ☐ independently
- ☐ with an attendant accompanying me
- ☐ with travel training
- ☐ when the path is free from ice and snow
- ☐ other: _____

PART C - APPLICANT SELF-EVALUATION CON'T (applicant to complete)

3) Check the one box that best applies to your ability to ride a conventional public transit bus:

- ☐ I can usually ride on a public transit bus
☐ I can ride on a public transit bus if I have an attendant with me
☐ I cannot ride on a public transit bus

Explain why: _____

4) Will you require a Personal Care Attendant to be with you every time you use specialized transit services? If the answer is yes, London Transit will only provide service when an attendant is travelling with you.

- ☐ Yes ☐ No

5) Please check the item(s) that you will usually have with you when you ride on specialized transit:

- | | |
|--|---|
| <input type="checkbox"/> Manual wheelchair | <input type="checkbox"/> Service animal |
| <input type="checkbox"/> Powered wheelchair | <input type="checkbox"/> Cane |
| <input type="checkbox"/> Powered 3/4 wheel scooter | <input type="checkbox"/> White cane |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Oxygen bottle |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> Other: _____ |

APPLICANT DECLARATION

I hereby certify that to the best of my knowledge, the information provided in this application is correct. I authorize the release of medical information to the London Transit Commission and the Commission's health care authority. I consent to having the Commission's health care authority discuss the contents of my application and eligibility for Specialized Transit Services with the health care professional that completed part D of this application.

Signature of Applicant or Designate: _____

Date: _____

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

Name: _____

Address: _____

Daytime Phone Number:
(_____) _____

Relationship to Applicant: _____

I certify that to the best of my knowledge the information in this application is correct.

Signed: _____

Date: _____

Please attach any additional information that would be helpful when considering your application, such as information from your family, caregiver, support workers or service providers.

PART D - PROFESSIONAL CERTIFICATION (completed by a health care professional)

You are being asked by the applicant to provide information regarding their ability to use London's fixed-route transit services. Please review Part A of the application form as well as the applicant's answers in Parts B and C prior to filling out this section. The information you provide will allow us to evaluate the request and to provide the appropriate service.

If you have any questions, please call London Transit at 519-4451-1340 extension 420.

1) Please indicate applicant's disability/medical condition which is affecting his/her ability to use regular, fixed-route transit:

2) Is the applicant able to:

Walk to a bus stop? ☐ Yes ☐ No

Get on/off a bus? (note: all London Transit buses are accessible) ☐ Yes ☐ No

Is the applicant able to ride a conventional bus noting the driver provides assistance with priority seating and securing any mobility aid/aids? ☐ Yes ☐ No

Does the applicant have a visual impairment that may prevent them from safely accessing regular bus services? ☐ Yes ☐ No

Does the applicant have any cognitive limitations that may limit them from completing any part of the bus journey? (i.e. notifying the driver about their correct stop) ☐ Yes ☐ No

3) It is my professional opinion that the applicant's disability/condition:

(Please check **one box**)

- ☐ Prevents them from using London's regular fixed route service in **the winter only**
☐ Prevents them from using London's regular fixed route service at all times
☐ Prevents them from using London's regular fixed route service unless an **attendant is with them**
☐ Other: (Please explain) _____

4) If the applicant qualifies for Specialized Transit Services, it is my professional opinion that they will require service for:

- ☐ Less than 6 months (indicate length of time service is required) _____
☐ 6 months
☐ 12 months or more (indicate length of time service is required) _____
☐ Unconditional (e.g. for permanent disabilities)
☐ Seasonal specific: _____
☐ Other: _____

5) Please detail any further information that might be of assistance in processing this application:

Signature of Health Care Professional _____

Date: _____

Print Name: _____

Profession: _____

Street Address: _____

City: _____

Telephone Number: (_____) _____

Postal Code: _____