

CITY OF HAMILTON APPLICATION FOR ACCESSIBLE TRANSPORTATION SERVICES (GENERAL): INSTRUCTIONS

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Eligibility for Service

Accessible Transportation Services (ATS) are intended for persons with physical or functional disabilities who are unable to access fixed-route public transit, such as Hamilton Street Railway (HSR) buses. Eligibility is **considered on a case-by-case basis** and is not based on type of disability, nor is it based on income level.

Accessible Transportation Services Programs and Services

The following services are available through ATS:

- Eligible persons can access an **accessible, shared-ride service provided through a third-party contractor (DARTS)**. The service provides door-to-door transportation from one accessible building entrance to another accessible building entrance.
 - Drivers will assist passengers in and out of vehicles and assist passengers between the vehicle and the exterior set of accessible doors at the place of trip origin and trip destination.
 - At other than private residences, the driver will also assist passengers to and from a lobby or designated waiting area that is reasonably close to the outer accessible entrance door.
 - Please note, for some private properties (e.g., malls), service is provided to designated entrances for safety and to avoid busy roadways.
- The **Taxi Scrip Program** is offered in conjunction with DARTS service, providing subsidized taxi fares to eligible City of Hamilton residents only.

How to Apply for Service

To ensure you have the most up to date ATS application form, call 905-529-1212 and press “1” for Customer Service, or visit the ATS website at www.hamilton.ca/ATS. **Please ensure the most up-to-date form is being used**; outdated forms may not be accepted. It will take up to fourteen calendar days to determine eligibility for service.

Please review all sections of the ATS application and ensure you have fully completed them:

- Part 1A to 1G (Pages 1 to 5) – to be completed by applicant.
- Part 2A and 2B (Pages 6, 7 and 8) – must be completed by one of the following Health Care Professionals: **Physician, Nurse Practitioner, Registered Nurse (RN), Chiropractor, Physiotherapist, Occupational Therapist, or regulated/licensed MSW (Master of Social Work)**.
- Part 3 (page 9) – optional, if authorization is needed to share information with other transit properties.
- Completed applications may be submitted to ATS by mail, fax, or email.
- Applicants may be required to attend a third-party functional assessment in order to determine eligibility.
- ATS will provide a determination of the applicant’s eligibility for service, as listed in the Eligibility Determination section below.
- Incomplete applications will be returned to you, or you may be contacted by ATS for further information.

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Eligibility Determination

- **Unconditional Eligibility:** applicant is not able to use HSR service; therefore, they are eligible for all trips with DARTS.
- **Conditional Eligibility:** applicant is able to use HSR service under certain conditions; therefore, they are eligible for some trips with DARTS as follows:
 - **Seasonal Eligibility:** winter months only from November 1 to April 30, **and/ or**
 - **Trip-by-Trip Eligibility:** travel to approved locations only.
- **Temporary Eligibility:** applicant is not able to use HSR service at the current time due to a condition that is expected to improve; therefore, they are eligible for trips with DARTS and for Taxi Scrip coupons on a temporary basis.
- **Not Eligible:** applicant is able to use HSR service; therefore, they are not eligible for any trips with DARTS or Taxi Scrip coupons.

Eligibility Appeal Process

If you disagree with the ATS decision regarding your eligibility for Accessible Transportation Services, there is an appeal process available. In order to appeal an eligibility decision, an Eligibility Appeal Form **must be completed** and submitted to ATS.

In order to obtain an Eligibility Appeal Form, contact ATS at 905-529-1212 and press “1”, or visit the ATS website at www.hamilton.ca/ATS.

Upon receipt of a completed Appeal Form, ATS will forward the appeal to the Eligibility Appeal Panel that will render a decision regarding the applicant’s eligibility determination.

Contact Accessible Transportation Services

For further information or assistance with the ATS application process, please call 905-529-1212 and press “1” for ATS Customer Service. Information can also be found on our website:

www.hamilton.ca/ATS. Completed Applications or Eligibility Appeal Forms must be returned to:

Via Mail: **Accessible Transportation Services**
 c/o 71 Main Street West
 Hamilton, ON L8P 4Y5

Via Fax: **905-679-7305**

Via Email: ATS@hamilton.ca

Please note: if you choose to submit your application by email, you assume all related risks of any email communication, including but not limited to someone accessing, intercepting or receiving the email in error.

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Personal Information Collection Notice

DARTS vehicles are equipped with automated video surveillance cameras. Personal information is being collected under the authority of the City of Hamilton Act, 1999; S.O. 1999, c. 14, Sched. C., the Municipal Act, 2001; S.O. 2001, c. 25, and the Occupiers' Liability Act, R.S.O. 1990, c. O.2., for the purpose of protecting employees and operators, the public, and DARTS' assets, including assisting with risk management and insurance.

Personal information on this form is collected under the authority of s. 227 of the Municipal Act, 2001, S.O. 2001, c.25, and s. 11.11 of the City of Hamilton Act, 1999, S.O. 1999, c. 14, Sched. C. This information is used to determine eligibility for specialized transit services offered by the City of Hamilton and to provide services thereunder. Questions about this collection should be directed to: **Manager of Accessible Transportation Services, Transit Division, Public Works Department, City of Hamilton: c/o 71 Main Street West, Hamilton, ON L8P 4Y5; Phone: 905-529-1212; Fax: 905-679-7305; Email: ATS@hamilton.ca.**

Mobility Devices

The standard size for a mobility device (wheelchair or scooter) that can be accommodated on an HSR bus or DARTS vehicle is as follows:

- 76 cm (30 inches) wide;
- 122 cm (48 inches) long;
- maximum combined weight of mobility device and occupant is 363 kg (800 pounds).

ATS-DARTS policy states that all wheelchairs and scooters must be in good working condition in order to be transported. Scooters must have a lap belt. Wheelchairs must have a lap belt and footrests. Exemptions for lap belts or footrests must be approved by a designated Health Care Professional (Physician, Nurse Practitioner, Registered Nurse (RN), Physiotherapist, Occupational Therapist).

Accessibility

ATS-DARTS policy states that service is provided from one accessible building entrance to another accessible building entrance. Accessible is defined as no more than one step for wheelchairs. Drivers will assist passengers using walkers both up and down stairs.

Communication

The ATS Application and user guides are available in alternate communication formats, including large print and braille (upon request).

**CITY OF HAMILTON APPLICATION FOR ACCESSIBLE
TRANSPORTATION SERVICES (GENERAL): PART ONE, TO
BE COMPLETED BY APPLICANT. PAGE 1 OF 9**



PART 1A : APPLICANT INFORMATION

Name of Applicant:

Last Name (Please print)

First Name

Middle Initial

Date of Birth: YYYY:

MM:

DD:

Home Address:

Apt./Unit:

City:

Province:

Postal Code:

Telephone: Home:

Work:

Ext.

Cell:

I consent to ATS leaving a voicemail at the following phone numbers (check all that apply):

Home.

Work.

Cell.

I do not give consent for ATS to leave me a voicemail message.

Does applicant reside in a Long-Term Care (LTC) facility?

Yes.

No.

Name of Facility:

Ward/Room:

Type of LTC residency:

Permanent.

Convalescent.

Respite.

Short-term.

Applicant Mailing Address:

Please complete if mailing address is different from home address:

Apt/Unit:

City:

Province:

Postal Code:

By providing the home or mailing address above, I consent to receiving ATS communication by mail to the above address and I assume all related risks, including but not limited to someone opening my mail in error.

E-mail Address (optional):

By providing my email address above, I consent to communications by e-mail relating to my eligibility for or provision of Accessible Transportation Services, recognizing that such e-mails will not be encrypted and may contain my personal health or other personal information. I assume all related risks of any email communication to this email address, including but not limited to someone accessing, intercepting or receiving the email in error. I also recognize that if I have given access to my e-mail account or have shared my password with any person that they may have access to such e-mails.



PART 1A : APPLICANT INFORMATION (CONTINUED)

Emergency Contact Information/Next of Kin: Please provide up to three contacts we can call if your health and well-being is at risk or if we can't contact you directly.

1. Name: Relationship:

Address:

Telephone: Home:

Work: Ext.

Cell:

2. Name: Relationship:

Address:

Telephone: Home:

Work: Ext.

Cell:

3. Name: Relationship:

Address:

Telephone: Home:

Work: Ext.

Cell:

1B: AUTHORIZE A REPRESENTATIVE (OPTIONAL)

If you need another person or agency to act as a representative for you in this application process or in services provided by Accessible Transportation Services (e.g., a partner/spouse, family member, friend or support agency), please complete the information below.

| Name of Representative | Relationship to you | |
|--|---------------------|-----|
| Is your representative filling out this application? | YES. | NO. |
| Is this person authorized to represent you in all matters related to services? | YES. | NO. |

Signature of Applicant/ Substitute Decision-Maker

Name of Applicant/ Substitute Decision-Maker
(please print)

Date (Month/Day/Year)



PART 1C: INFORMATION ABOUT YOUR MOBILITY & EQUIPMENT

1. What is the disability that prevents you from using public transit (HSR)? Please include all that may apply.

2. Which of the following assistive devices do you use? (Please check all that apply)

- | | | | |
|--------------------|--------------------------|--------------------|--------------------|
| Cane; | Crutches; | Manual Wheelchair; | Portable Oxygen; |
| White/Red Cane; | Prosthesis; | Power Wheelchair; | Communication Aid; |
| Walker; | Power Scooter; | Support Animal; | Brace; |
| None of the above; | Other (please describe): | | |

PART 1D: INFORMATION ABOUT YOUR FUNCTIONAL ABILITY

Answers should be based on how you feel most of the time, under normal circumstances, and whether you can perform this activity without the help of another person. **For each question, provide one answer only (unless otherwise noted).**

1. Can you independently walk up and down three steps if there are handrails on both sides?

- Always. Sometimes. Never. Not sure.

2. Can you independently use the telephone to get information?

- Always. Sometimes. Never. Not sure.

3. If the weather is good, what is the furthest distance you can walk/travel on the sidewalk?
An average urban block is 100 metres (328 feet) on a level surface.

- | | |
|-----------------------------|-----------------------------|
| Up to one-half level block. | Up to one level block. |
| Up to two level blocks. | More than two level blocks. |
| None of the above. | Not sure. |

If you are able to do this, how long does it take you?

- Less than 5 minutes. 5 to 15 minutes. More than 15 minutes. Not sure.

4. Can you independently cross the street, if there are curb cuts (depressed curbing)?

- Always. Sometimes. Never. Not sure.



PART 1D: INFORMATION ABOUT YOUR FUNCTIONAL ABILITY (CONTINUED)

5. Can you independently ask for and follow directions/instructions if you have a question or problem?

Always. Sometimes. Never. Not sure.

6. Have you ever received training to learn how to use public transit (HSR), or for travel around your community?

Yes. No.

If you answered “Yes”, when and where did you receive the training?

7. If you answered “No”, do you think you could learn to ride an HSR bus if you received training?

Yes. No. Not sure.

PART 1E: INFORMATION ABOUT CURRENT USE OF PUBLIC TRANSIT (HSR)

Only answer PART 1E if you have previously used public transit. Answers should be based on your use of fixed-route public transit, such as the Hamilton Street Railway (HSR), or the public transit system in your area.

1. Are you currently able to use public transit (HSR) by yourself?

Always. Sometimes. Never. Not sure.

2. Are you currently able to use the HSR riding with someone else?

Always. Sometimes. Never. Not sure.

3. Is HSR service available in your area?

Yes. No. Not sure.

4. When was the last time you used HSR?

Within 3 months. Within a year. More than a year. Never. Not sure.

5. Does the weather affect your ability to use HSR?

Always. Sometimes. Never. Not sure.

If you answered yes, please explain.

6. Are you able to wait for an HSR bus? (Check all that apply)

Always; Sometimes; Never; Not sure; Only if there is a bench;
Only if there is a shelter; Not more than 15 minutes; More than 15 minutes.

PART 1F: DECLARATION

I certify that the information provided in this application is true and correct. I understand that misinformation or misrepresentation of facts will be cause for disqualification or rejection of the Applicant's application. The Applicant or their representative agrees to inform Accessible Transportation Services of any changes to the Applicant's disability/ disabilities, assistive devices, personal information, and/ or if the Applicant no longer requires Accessible Transportation Services.

Signature of Applicant/Substitute Decision-Maker

Name of Applicant/Substitute Decision-Maker
(please print)

Date (Month/Day/Year)

Person Completing Part 1 if other than applicant:

Signature of Representative

Name of Representative (please print)

Date (Month/Day/Year)

PART 1G: AUTHORIZATION TO RELEASE PERSONAL INFORMATION

I consent to the sharing of the Applicant's personal health information between Accessible Transportation Services and:

1. the health care professional who is completing PART 2 of this application, to decide about the Applicant's eligibility for service and to make sure the Applicant is safe while travelling;
2. the assessment agency authorized by Accessible Transportation Services, to decide about the Applicant's eligibility for service and to make sure the Applicant is safe while travelling;
3. the contractor to the City of Hamilton for specialized transit, DARTS (or any successor) and its subcontractors, to ensure the Applicant receives appropriate service.

I understand this information may be shared in telephone conversations, face-to-face meetings, mail, fax, unencrypted email, or secure file transfer. I understand and assume all related risks of any email communication, including but not limited to someone intercepting or receiving the email in error or accessing the e-mail without my permission. I also understand that I may withdraw my consent at any time; however, the withdrawal of consent may affect the ability of ATS to respond to requests and provide services.

Questions about the collection or use of information on this form may be directed to the **Manager of Accessible Transportation Services: c/o 71 Main Street West, Hamilton, ON L8P 4Y5; Phone: 905-529-1212; Fax: 905-679-7305; Email: ATS@hamilton.ca.**

Signature of Applicant/Substitute Decision-Maker

Name of Applicant/Substitute Decision-Maker
(please print)

Date (Month/Day/Year)



PART TWO: TO BE COMPLETED BY HEALTH CARE PROFESSIONAL

Pages 6, 7 and 8 must be completed by one of the following Health Care Professionals: Physician, Nurse Practitioner, Chiropractor, Registered Nurse (RN), Physiotherapist, Occupational Therapist, or regulated/licensed MSW (Master of Social Work). **PLEASE ENSURE YOU ARE USING THE MOST UP TO DATE COPY OF THIS FORM.** Outdated forms may not be accepted. For more information, call 905-529-1212 and press “1” for Customer Service, or visit the ATS website at www.hamilton.ca/ATS.

PART 2A: DISABILITY INFORMATION (PLEASE PRINT):

1. Applicant’s functional limitation/ limitations resulting from disability and **how it compromises their mobility to use HSR service** (public transit); include the **date of onset**, staging and prognosis for each disability/ limitation.

2. Does the applicant require the use of a mobility device? Yes. No.

When traveling in the community what is the primary mobility device used?

Walker. Wheelchair. Power Wheelchair. Scooter.

3. Does the applicant’s functional limitation(s) resulting from disability require permanent, temporary or seasonal transportation?

Permanent.

Temporary: Weeks; Months; Years.

Seasonal: Spring. Summer. Fall. Winter.

4. Is the applicant physically able to climb or descend stairs? Yes. No.

5. If the weather is good, what is the furthest distance the applicant can walk/travel on the sidewalk? (an average urban block is 100 metres on a level surface)

Up to one-half level block. Up to one level block.

Up to two level blocks. More than two level blocks.

None. Not sure.

6. Can the applicant wait for up to one hour for a bus? Yes. No.

PART 2A: DISABILITY INFORMATION (CONTINUED)

7. ATS/ DARTS is a door-to-door, shared ride service. During a ride, ATS clients travel with DARTS drivers and other ATS clients, DARTS vehicles stop at different locations, and DARTS drivers must leave the vehicle to pick up/ escort other passengers. In a transportation situation, does the applicant engage in behaviours (for example, impulsiveness, aggressiveness, wandering, exiting the vehicle, etc.) that could be detrimental to their own safety, or to the safety of other persons?

Yes. No.

If yes, please explain:

8. **Safety** – Are there conditions which affect the applicant's safety in the community?

Please specify:

| | | |
|---|------|-----|
| Does the applicant understand safety risks in the community? | Yes. | No. |
| Is the applicant at risk for wandering in the community? | Yes. | No. |
| Is the applicant at risk for becoming lost in the community? | Yes. | No. |
| Can the applicant be safely left unattended at their destination? | Yes. | No. |
| Other (please specify): | | |

PLEASE NOTE: DARTS drivers do not take responsibility for unlocking doors or buzzing apartments. If a customer requires assistance with this, they cannot be left safely unattended at a destination.

9. Does the applicant require the assistance of a support person in order to travel **on HSR bus service**?

Yes – always. Yes – sometimes. No.

If yes, is a support person required for assistance due to:

| | | | | | |
|-------------------------|------|-----|----------------|------|-----|
| Cognitive ability? | Yes. | No. | Communication? | Yes. | No. |
| Mobility issues? | Yes. | No. | Vulnerability? | Yes. | No. |
| Behaviour challenges? | Yes. | No. | Medical needs? | Yes. | No. |
| Other (please specify): | | | | | |

PART 2A: DISABILITY INFORMATION (CONTINUED)

10. Support Persons on DARTS: DARTS drivers assist passengers from door-to-door, **but they do not provide any on-board care** or assist passengers beyond the accessible entrance of their destination. A support person may be required for further assistance. Does the applicant require the assistance of a support person in order to travel on DARTS transportation service?

Yes – always. Yes – sometimes. No.

If yes, is a support person required for assistance due to:

| | | | | | |
|-------------------------|------|-----|----------------|------|-----|
| Cognitive ability? | Yes. | No. | Communication? | Yes. | No. |
| Mobility issues? | Yes. | No. | Vulnerability? | Yes. | No. |
| Behaviour challenges? | Yes. | No. | Medical needs? | Yes. | No. |
| Other (please specify): | | | | | |

The support person must be capable of meeting the needs of the individual with a disability during travel and/or at their destination. If the applicant requires a support person when travelling on DARTS, they must provide their own.

11. Support/ Service Animal - Does the applicant require the assistance of a support/ service animal in order to travel on DARTS or HSR?

Yes. No.

PART 2B: CERTIFICATION BY HEALTH CARE PROFESSIONAL

Health Care Professional Certification: I hereby certify that the information I have provided is accurate and complete to the best of my knowledge.

Name (please print):

Address:

Phone number:

FAX Number:

Signature

Date (Month/Day/Year)

Occupation and Professional Registration Number:

Personal information on this form is collected under the authority of s. 227 of the Municipal Act, 2001, S.O. 2001, c. 25, and s. 11.11 of the City of Hamilton Act 1999, S.O. 1999, c. 14, Schedule C. This information is used to determine eligibility for specialized transit services offered by the City of Hamilton and to provide services thereunder. Questions about this collection should be directed to: **Manager of Accessible Transportation Services: c/o 71 Main Street West, Hamilton, ON L8P 4Y5; Phone: 905-529-1212; Fax: 905-679-7305; Email: ATS@hamilton.ca.**

STAMP OF HEALTH CARE PROFESSIONAL





**PART 3: OPTIONAL (TO BE COMPLETED BY APPLICANT)
AUTHORIZATION TO RELEASE SERVICE DELIVERY INFORMATION TO OTHER
TRANSIT PROVIDERS**

Complete this section if you wish to allow Accessible Transportation Services to share your application information with any of the following specialized transit service providers in the Greater Toronto and Hamilton Area for the purpose of traveling in other regions.

Applicant Authorization

I authorize HSR Accessible Transportation Services to share the Applicant's application information with the following specialized transit service providers (applicant to indicate which agencies):

- Burlington Specialized Transit;
- Oakville Transit care-A-van;
- Niagara Specialized Transit;
- TTC Wheel-Trans;
- Other specialized transit service provider
(please specify):

I understand this information including the Applicant's personal health information or other personal information may be shared in telephone conversations, face-to-face meetings, mail, fax, unencrypted email, or secure file transfer with the entities identified above. I assume all related risks of any email communication, including but not limited to someone intercepting or receiving the email in error. I also understand that I may withdraw my consent at any time; however, the withdrawal of consent may affect the ability of ATS to respond to requests and provide services.

Signature of Applicant/Substitute Decision-Maker

Name of Applicant/Substitute Decision-Maker
(please print)

Date (Month/Day/Year)