

Section A - Continued

Please answer the following. **(Please check ✓ Yes or No)**

- 1. Does your home have an easily accessible ramp?Yes [] No []
- 2. If you use a scooter, are you able to transfer to a seat?Yes [] No []
- 3. Are you able to get on and off Barrie Transit buses?Yes [] No []
Please note that 95 % of Barrie Transit buses do not have stairs, most BACTS buses have 3 steps.
- 4. Are you able to move unassisted to a bus stop?Yes [] No []
- 5. Are you able to balance on a moving bus? Yes [] No []
- 6. Are you able to board a taxi or mini bus unaided? Yes [] No []
- 7. Are you independently able to recognize your destination
and leave the vehicle safely? Yes [] No []
- 8. Are you independently able to use an automated
touch tone telephone service? Yes [] No []

How does your disability affect your ability to use regular transit? (Describe your condition and mobility difficulties.)

How long will you need our service? (Please check ✓ one)

- > Permanently []
- > Seasonal (December 1 to March 1) []
- > Temporarily []

If temporary, estimate length of time service will be needed _____

I hereby apply to use the Barrie Accessible Community Transportation Service (BACTS) and certify that I am unable to use regular public transit because of my physical disability and I hereby authorize the Corporation of the City of Barrie to consult with my physician regarding the subject application.

Signature of Applicant or Guardian: _____ Date: _____

SECTION B – To be completed by Health Care Professional

BACTS is intended for those with physical disabilities preventing them from using regular public transit. Please note that 95 % of Barrie Transit buses have no stairs and that most BACTS buses have three (3) steps.

Name of Health Care Professional: _____

Telephone Number: _____

Address: _____

Certification Process

- > The applicant has completed Section A. Please read Section A in its entirety.
- > You may be contacted if any questions remain.
- > The application must be filled out completely in order to be processed.

Please check one and please **answer all questions.**

1. I have read Section A in its entirety and I agree with the information.Yes [] No []
If No, please explain _____

2. **Does this applicant require an attendant while traveling on BACTS?** Yes [] No []
• **An attendant is a care provider required to accompany and provide special assistance for the applicant while traveling on BACTS. The attendant is not required to pay as they ensure the safety and well being of the applicant.**

3. Is the applicant physically able to walk a distance of 175m (600ft) to a bus stop? Yes [] No []

4. Does the applicant suffer from vertigo to the degree that he/she would fall? Yes [] No []

5. Describe in detail the disability which prevents the applicant from using the regular transit safely.

6. Severity of disability. (Please check one)
Mild [] moderate [] severe [] profound []

In accordance with the eligibility criteria, I hereby certify that the above information is true.

Health Care Professional's Signature: _____ Date: _____
Stamp: _____

Thank you for your assistance.

Please return this application to the person seeking BACTS certification, or with the person's permission, forward it directly to:

The Corporation of the City of Barrie
 Leisure, Transit and Facilities
 70 Collier Street, 3rd Floor
 P.O. Box 400, Barrie, Ontario
 L4M 4T5
 Or Fax to (705) 739-4238

Personal information contained in this form is collected pursuant to the "Municipal Transit Manual for Specialized Services" issued by the Ministry of Transportation, and will only be used for the purpose of processing this application. All personal information is provided under the Municipal Freedom of Information and Protection Act, 1989. Questions about this collection should be directed to the Corporation of the City of Barrie.

For City of Barrie office use only:

Approved:	With Attendant:	
Approved Temp:	With Attendant:	
Approved seasonal:		
Denied:		
Approved by:	Date:	Form Letter #

Client Identification # _____