Specialized Transit Service
Application Form

Barrie Transit offers Accessible Conventional Fixed Route and Specialized Transit Services

How to Apply for Specialized Transit

Section A of this application form is to be filled out by the applicant (or guardian). Your treating Health Care Professional must **complete Section B and review Section A**. Return the completed form to the City of Barrie (see page 4). Keep a photocopy of this application for your records.

Section A and Section B must be completed in full in order for your application to be processed.

Eligibility is based on several guiding principles. Eligibility is considered on a case-by-case basis; it is not based on a particular disability, age, income or lack of available public transit in an applicant's area or for those who find it more difficult or are unwilling to use Conventional Transit. Specialized Transit is not an attendant care service. Applicants must be residents of the City of Barrie. Passengers whose medical conditions require specific transportation (e.g. extreme fragility requiring transportation below regular speeds or inability to remain on the vehicle for up to 1 hour) need to contact a non-emergency medical carrier for transportation.

Section A - Applicant's information (please print clearly)

[ ] New Applicant **[ ] Existing Client (CID #)** _____

1. Name: _____
First Last

2. Address: _____
Street Apt #

_____
City Postal Code

3. Telephone: _____ Email: _____

Would you like to receive your correspondence by Email? Yes [ ] No [ ]

4. Date of Birth: _____/_____/_____ (Month/Day/Year)

In case of an emergency, or to discuss the application, contact (ex. guardian, family)
Name: _____
Telephone: _____ Email: _____

Please check ✓ the item(s) you will use when you travel:

Manual chair	[ ]	Scooter	[ ]	Crutches	[ ]	Other_____	
Powered chair	[ ]	Walker	[ ]	Oxygen	[ ]		

Please visit barrie.ca/specializedtransit or call (705) 739-4209 for assistive device specifications.

Section A – Specialized Application 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. Can you get on/off Barrie Transit's Conventional accessible buses unaided? (all vehicles are equipped with a ramp for accessibility.) ……..... Yes [ ] No [ ]

4. Are you able to climb a flight of stairs? ……..…Yes [ ] No [ ]

5. Are you able to make your way unassisted to a bus stop? ……..…… Yes [ ] No [ ]

6. Are you able to balance on a moving bus? ……..... Yes [ ] No [ ]

7. Are you able to maneuver your assistive device to travel to and from the vehicle independently and while at your destination? …….. Yes [ ] No [ ]

8. Are you independently able to recognize your destination and leave the vehicle safely? ……..….. Yes [ ] No [ ]

9. Are you able to communicate with the Driver should you require assistance? …… Yes [ ] No [ ]

How does your disability affect your ability to use Barrie Transit's Conventional accessible fixed route public transit?

_____

_____

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

a) Unconditional/Permanent with no expectation of improvement [ ]

b) Temporarily up to 1 year [ ] Expected duration _____/_____/_____ (Month/Day/Year)

c) Conditional/ Seasonal: Winter - October to April [ ] Summer - May to September [ ] **or**

Physical barrier(s): A physical barrier is a physical environment that is not accessible, please explain: _____

I hereby apply to use the Barrie Specialized Transit Service and certify that I am unable to use conventional public transit because of my physical disability and I hereby authorize the Corporation of the City of Barrie to consult with my health care professional and emergency contact regarding the subject application.

Signature of Applicant or Guardian: _____Date: _____

Section B – To be completed by treating Registered, Licensed or Certified Health Care Professional

Specialized Transit is a door to door shared ride accessible public transit service intended for persons unable to use Conventional (regular) Accessible Fixed Route Transit Service due to a disability. Please base your evaluation solely on the applicant's ability or inability to use conventional public transit service.

Name & Official Capacity of Health Care Professional: _____
Telephone Number: _____ Fax Number: _____
Address: _____
_____

Certification Process:
> The applicant has completed Section A. Please review 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 through 6 to enable us to process the application promptly.**

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? .....** Yes [ ] No [ ]
   - **An attendant is a care provider required to accompany the Client on all trips and provide special assistance.** The attendant is not required to pay as they ensure the safety and well-being of the applicant. Registered clients cannot be Attendants. Please review page 2 questions 7, 8 and 9, if the client answered yes to any of these questions, please consider an Attendant for their safety.

3. Is the applicant able to travel, with or without an assistive device, 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 [ ]
   (If yes, please consider Attendant for applicant's safety)

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 information within this document is true.

Health Care Professional's Signature: _____ Date: _____
Stamp, License or Certification #:

Section C – How to submit the application.

Before your send: Keep a copy of this application for your records. Check to ensure application is completed in full. Check to ensure Health Care Professional has completed Section B in full, including signature, certification/license number and contact information.

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

The Corporation of the City of Barrie
Service Barrie
Attention: Transit Department
70 Collier Street, 1st Floor
P.O. Box 400 Barrie, ON., L4M 4T5
Phone: 705-739-4209
Fax: 705-730-0377
Email transit@barrie.ca

Personal information collected in this application is pursuant to the Municipal Act, S.O. 2001 and the Accessibility for Ontarians with Disabilities Act (AODA) O. Reg. 191/11 and will be used for the purpose of this application in accordance with the Municipal Freedom of Information and Protection of Privacy Act R.S.O. 1990 C.M.56. Questions regarding the collection of this information should be directed to the Corporation of the City of Barrie, Attention: Transit Department, 70 Collier Street, 1st Floor Barrie ON., L4M 4T5, 705-739-4209 or transit@barrie.ca.

For City of Barrie Transit Office Use Only:

Approved Unconditional/Permanent:		With Attendant:
Approved Temp- duration:		With Attendant:
Approved Conditional-Seasonal:	Winter or Summer	With Attendant:
Denied:		
Incomplete:		
Approved by:	Date:	Letter #:
Reviewed by:	Date:	

Client Identification (CID) # _____

Notes/Summary:

_____

_____

_____

_____

Modified July 2017

Applicant Initials ____