

**SPECIALIZED TRANSIT SERVICE**  
**Application Form**



**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.

1. Specialized transit services are intended for a person who, due to functional mobility problems, is physically unable to walk a distance of 175 meters (approximately 600 feet).
2. Elderly persons are not automatically eligible for Specialized service. Persons physically unable to use conventional public transit may be eligible for the service.
3. Blind persons able to board public transit are not automatically eligible for Specialized service.
4. Persons with mental health issues/cognitive disabilities may be eligible for the service if, in addition to the above, they have a physical disability that prevents them from using conventional public transit.

**SECTION A - Applicant's information (please print clearly)**

**Please circle (Mr. Mrs. Ms. or Miss)**

1. Name: \_\_\_\_\_  
First Last

2. Address: \_\_\_\_\_  
Street Apt #  
\_\_\_\_\_ City Postal Code

3. Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

4. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (M/D/YR)

In case of an emergency, or to discuss the application, contact (ex.guardian, family)

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

Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Manual chair [ ] Scooter [ ] Crutches [ ] Other \_\_\_\_\_  
Powered chair [ ] Walker [ ] Oxygen [ ]

**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. Are you able to get on and off Barrie Transit buses? .....Yes [  ] No [  ]
- 4. Are you able to climb a flight of stairs? .....Yes [  ] No [  ]
- 5. Are you able to move unassisted to a bus stop? .....Yes [  ] No [  ]
- 6. Are you able to balance on a moving bus? ..... Yes [  ] No [  ]
- 7. Are you able to board a taxi or mini bus unaided? ..... Yes [  ] No [  ]
- 8. Are you independently able to recognize your destination  
and leave the vehicle safely? ..... Yes [  ] No [  ]
- 9. 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 [  ] or  
Temporarily [  ] Expected duration \_\_\_\_\_or  
Conditional/ Seasonal: October to April [  ] or May to September [  ]

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 regarding the subject application.

Signature of Applicant or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION B – To be completed by Health Care Professional**

**Specialized Transit is intended for those with physical disabilities preventing them from using regular public transit and who are unable to walk a distance of 175 m or 600 ft. Please base your evaluation solely on the applicant’s ability or inability to use conventional public transit for all or part of their trip.**

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.

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 information within this document is true.

Health Care Professional’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Stamp, License or Certification #:

## Specialized Application Continued

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

### KEEP A PHOTOCOPY OF THIS APPLICATION FOR YOUR RECORDS

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

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 TRANSIT OFFICE USE ONLY:

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

Client Identification # \_\_\_\_\_

### Notes/Summary:

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