

MobilityPLUS Application Form

For residents of Kitchener, Waterloo and Cambridge

Application Overview and Eligibility Mandate

Please note that the eligibility criteria are different for residents of the Townships of Woolwich, Wellesley, Wilmot and North Dumfries. Information on service in the Townships is available by calling 519-585-7555 or visiting www.grt.ca.

Grand River Transit encourages the use of conventional transit whenever and wherever possible. Our entire conventional bus fleet uses low-floor buses equipped with ramps to ease access. However, GRT recognizes that not all sectors of the population can access these facilities, due to personal physical mobility restrictions. GRT MobilityPLUS service in the urban service area of the Region of Waterloo is intended for transit customers with a physical disability who are unable to access fixed-route public transit, such as GRT conventional buses, for the majority of their transportation needs.

Eligibility

Eligibility is considered on a case by case basis and is not based on a particular disability nor is it based on income level. Eligibility will be assessed using a weighted evaluation system based on the information provided in this application form and gathered in an assessment session. Please note, the assessment evaluates your physical ability to access conventional transit. GRT cannot consider age, income, convenience of stops, cognitive challenges, loss of a driver's license or the availability of others to travel with you on conventional fixed-route service.

Application process

Incomplete or illegible applications will not be processed and will be returned to you. Please ensure you have filled in every applicable blank on all pages.

If the information provided on the application indicates you potentially meet GRT MobilityPLUS eligibility criteria, you will be contacted in approximately one week to arrange an assessment session.

The information from both the application and assessment will be reviewed to decide if you meet the criteria.

After you have been assessed, you will be notified by mail as to whether or not you are eligible. If you are eligible, your notification will include information about the GRT family of services. Your notice will be sent approximately one week after the assessment has been completed.

Completed applications will be reviewed within 14 calendar days from the day they are received. Please contact us at 519-585-7555 if you have not been contacted by GRT by the end of the 14-day period.

Disclaimer

All personal information collected on this application and any supporting documentation is collected under the authority of the Municipal Act, 2001, and in accordance with the Municipal Freedom of Information and Protection of Privacy Act, and is used solely for the purpose of determining eligibility for Grand River Transit specialized transit services. The application and supporting documentation will be discussed only with the applicant, the applicant's legal guardian, or appointed substitute decision-maker. If a Release of Information Consent is completed, the application may be discussed with the individual named in the release. Any questions about this collection should be directed to the Manager, Marketing and Communications at 250 Strasburg Rd, Kitchener ON, 519-585-7555, TTY: 519-575-4608.

I have read and understood the above application overview.

Applicant or designate's name (please print)

Applicant or designate's signature

Applicant details

1. Applicant contact information

Title

First name

Initial

Last name

Address

City

Postal code

Long term care facility name, if applicable

Phone number

Email address

Date of birth (DD/MM/YYYY)

Mobility Questionnaire

2. Please identify any or all of the following challenges as applicable to you:

- Cannot breathe without supplementary oxygen in extreme cold
- Cannot breathe without supplementary oxygen on smog days
- Cannot breathe without supplementary oxygen at any time
- Cannot stand without the aid of a walker
- Cannot stand without the aid of a cane
- Endurance is significantly limited by cardiac condition
- Eyesight is extremely limited, not correctable with glasses

3. How many steps can you walk up, with a single handrail?

- None 1-3 4-6 7-10

4. How many steps can you walk down, with a single handrail?

- None 1-3 4-6 7-10

5. How many blocks can you walk before having to stop for a rest?

- None 1-3 4-6 7-10

6. After having a 2 minute rest, how many more blocks can you walk?

- None 1-3 4-6 7-10

7. Do you require physical assistance when using a GRT conventional transit bus?

- Yes
 No

If Yes, please identify what type of assistance is required:

8. Would you require physical assistance if using a GRT MobilityPLUS transit vehicle?

- Yes
 No

If Yes, please identify what type of assistance is required:

9. Do you require physical assistance to transfer to or sit in a four door car?

- Yes
 No

If Yes, please identify what type of assistance is required:

10. I can get to and from a conventional transit bus stop only if I

- Have an attendant or companion present
- Do not have to walk on icy or snow covered sidewalks
- Need to travel less than an average city block
- Receive travel training for the stops frequently used
- Other: _____

OR

I would have significant difficulty in getting to and from a conventional bus stop.

Please explain why: _____

11. Are you recovering from a trauma, illness, injury and/or surgery?

- Yes
- No

11a. **If Yes**, how long ago was the trauma, illness, injury or surgery?

- Less than 1 month 1-3 months 4-8 months
- 9-12 months More than 1 year

12. Is your physical mobility expected to improve?

- Yes Please complete questions a-c
- No

12a. Identify the approximate time frame in which maximum improvement is expected:

- 1-3 months 4-8 months 9-12 months
- 13-18 months 19-24 months

12b. Is the overall improvement expected to be:

- Minimal (slight improvement)
- Moderate (better than now, but not as good as before)
- Significant (Almost or definitely back to your previous health)

12c. Please identify any and all areas of physical ability that are anticipated to improve in the above time frame:

- Walking distance Balance Ascending steps
- Descending steps Breathing Other: _____

Supervision

Please be aware that if you face any of the challenges as identified in Question 13, it is your and/or your caregiver's responsibility to provide any supports that are needed to request transportation, travel to, from or on-board the vehicle.

We ask for this information for operational purposes only. These challenges are NOT considered for eligibility purposes.

13. Do you require supervision?

- Yes Please complete questions 13a-b
 No

13a. Is the supervision due to

- Lack of cognitive ability to recognize the destination
 Confusion
 Memory issues
 Vulnerability
 Behavioural challenges
 Age
 Other: _____

13b. Can you*

- Be left alone at the accessible door of your destination? Yes No
Travel without a companion or attendant? Yes No
Remain unsupervised on-board the vehicle for one hour? Yes No
Identify the correct bus to board at a bus stop? Yes No

*A companion or attendant must travel with you if you do require supervision or assistance with these tasks. Please inquire about the GRT Support Person program if you require support. GRT does allow the support person to travel for free, once the support person application has been completed and approved.

GRT MobilityPLUS is an accessible door to accessible door transportation service. Some physical assistance is provided, such as pushing a person in a wheelchair from the vehicle to the accessible door.

Devices and mobility aids

Please identify any devices that may be used by the applicant while on board a GRT MobilityPLUS vehicle. A mobility aid must be secured by the Vehicle Operator according to GRT MobilityPLUS standards.

14. Are you:

Using portable oxygen?

Yes No

Using a cane?

Yes No

Using crutches?

Yes Standard crutches Forearm crutches
 No

Using a walker?

Yes Folding Non-folding
 No

Using a CSA Standard Z604 - 95 approved transportation stroller for children with individualized seating requirements?

Yes No

Legally blind? (Attach a copy of your CNIB registration card)

Yes No

Using a guide or service animal? (Attach a copy of your service animal's certification)

Yes No

Using a scooter? (Must transfer independently to seat on vehicle)

Yes No

Using a wheelchair?

Yes Manual Power
 No

Using a chair with Broda specialized seating?

Yes No

Using a transport chair (4 small wheels)?

Yes No

Please indicate make and model of manual and/or power wheelchair:

Is your wheelchair wider than 31 inches (78 centimeters) from outer side wheel to outer side wheel?

Yes Provide width measurement: _____

No

Does the combined weight of person and mobility aid exceed 750 pounds (340 kg)?

Yes No

15. Please provide a brief summary of any information pertinent to this application:

Temporary residency

16. Is the Applicant temporarily residing in a short stay, respite, complex continuing care or similar unit or facility?

Yes Please complete the following questions

No

Care facility name

Facility address

City

Postal code

Staff contact name: _____ Phone: _____

Email address: _____ Fax: _____

Please provide any details necessary for GRT MobilityPLUS to access the location, for example if pick up or drop off door is different than main door of location:

Anticipated date of discharge: _____

DD/MM/YYYY

Upon discharge, applicant will be discharged to:

Home address as shown on page 2

Long term care facility: _____

Unknown

Release of Information Consent Guardian

Is this application being completed by the Applicant?

- Yes Please complete page 9
 No Please complete the section below

The applicant has provided direct informed consent to disclosure of the information herein and allows signer as below to complete the application on his or her behalf:

Signer must have authority to sign on behalf of the Applicant

Signed at _____ this _____ day of _____
city day month year

Signer's address

City

Postal code

Phone

Email address: _____ Fax: _____

Relationship to applicant:

- Child
 Parent
 Sibling
 Friend
 Applicant's legal guardian
 Applicant's appointed substitute decision maker
 Power of attorney
 Other _____

Where should mail be directed?

- Signer's address Applicant's address Both

I/we hereby certify that the information provided is accurate and complete to the best of my knowledge. I/We allow GRT to contact any healthcare professional or family member named within to obtain further information as required to determine eligibility status. Upon successful registration, I/we allow GRT to contact individuals named within to assist with operational concerns, should they arise.

Signature

Name (please print)

Date

Signature of witness

Name of witness (please print)

Date

Release of Information Consent Applicant

I/we hereby certify that the information provided is accurate and complete to the best of my knowledge. I/We allow GRT to contact any healthcare professional or family member named within to obtain further information as required to determine eligibility status. Upon successful registration, I/we allow GRT to contact individuals named within to assist with operational concerns, should they arise.

Signature of applicant

Name of applicant (please print)

Date

Signature of witness

Name of witness (please print)

Date

Submitting this application

Ensure you have filled in all the blanks in all sections of the application. Incomplete applications cannot be processed. You may wish to make a copy for your own records. Return the complete application with copies of any necessary documentation to Grand River Transit.

Fax to: 519-744-2899

Scan and email to: grtinfo@regionofwaterloo.ca

Mail or deliver to: Grand River Transit, 250 Strasburg Rd, Kitchener ON N2E 3M6

Questions? Contact us at 519-585-7555 / TTY 519-585-4806