

# MobilityPLUS Application - Health/Disability Professional Form

The applicant is applying for MobilityPLUS – a shared-ride public transit service for persons with disabilities who are unable to use conventional public transit some or all of the time. The information you provide in this form will assist MobilityPLUS to evaluate the applicant's eligibility. (Note that those people eligible and registered must be at least 12 years old to travel unaccompanied).

## Submission

Online submission of this application is encouraged. Fill it out at [grt.ca/MPhealth](http://grt.ca/MPhealth).

This form may also be submitted:

1. In-person: paper copies can be dropped off at GRT Customer Service Centres at Ainslie Street Terminal, 35 Ainslie St. S., Cambridge, or 105 King St. E., Kitchener or the Transit Operations Centre at 250 Strasburg Rd., Kitchener.
2. By mail: for information about where to mail paper copies, call 519-585-7597 ext. 7345.

This form may also be scanned, uploaded and submitted with the MobilityPLUS Application as it is completed online at [grt.ca/applyMP](http://grt.ca/applyMP).

Once we receive this form, as well as the MobilityPLUS Application containing applicant information, we will begin to review the information provided to determine eligibility. Complete applications will be reviewed within 14 calendar days from the day they are received.

This form is to be completed by a health/disability professional **who is competent to speak to the applicant's disability(s) and their ability to take conventional transit**. Appropriate professionals could include (but are not limited to):

- Physician
- Nurse practitioner
- Psychiatrist
- Psychologist
- Optometrist
- Physiotherapist
- Occupational therapist
- Social worker
- Orientation and mobility specialist
- Managers from pre-approved Adult Day Programs or Long-Term Care centres
- Other professionals approved by the Region

If you have any questions or need assistance, call 519-585-7597 ext. 7345, Deaf and Hard of Hearing (TTY): 519-575-4608.

## Personal information and privacy

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 MobilityPLUS services.

The application and supporting documentation will be reviewed by GRT and its authorized agents/representatives for the purposes of determining MobilityPLUS eligibility and/or service delivery options for MobilityPLUS.

Any questions about this collection should be directed to:

Manager, Marketing, Communications and Customer Service  
250 Strasburg Rd.  
Kitchener ON N2E 3M6  
519-585-7555  
Deaf and Hard of Hearing (TTY): 519-575-4608

## Details of applicant's disability

Required fields are marked with asterisks (\*)

### 1. Applicant details

Applicant's first name:\*

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Applicant's last name:\*

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Applicant's date of birth (DD/MM/YYYY):\*

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Applicant's phone number (999-999-9999):\*

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Applicant's email:

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### 2. How long have you known the applicant in a professional capacity?\*

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This section is about the disability or disabilities that affect the applicant's ability to travel on **conventional GRT buses and ION trains**.

- **Physical** - Disabilities that affect the applicant's physical abilities such as walking, moving, standing, sitting, grabbing etc. for example, cerebral palsy or multiple sclerosis.
- **Sensory** - Disabilities that affect the senses, for example low-vision or hearing loss.
- **Mental Health** - Disabilities that affect mood and/or behaviour, for example depression, anxiety or bipolar disorder.
- **Cognitive** - Disabilities that affect how they think or understand information, for example down syndrome or dementia.

- **Medical** - Medical conditions that may affect their ability to take transit, for example kidney failure or epilepsy.
- **Other** - Any other disability(s) the applicant has that affects their ability to take public transit.

3. What type of disability(s) does the applicant have? (Specific diagnosis not needed)\*

- Physical
- Sensory
- Mental health
- Cognitive
- Medical
- Other

How does the selected disability(s) affect their ability to travel on conventional GRT buses and trains?\*

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4. Is the applicant's disability temporary (i.e. expected to improve over time) or permanent (i.e. will stay the same or worsen over time)?\*

- Temporary
- Permanent

If temporary, when will the disability no longer affect the applicant's ability to travel on conventional GRT buses and ION trains? (Approximate number of months)\*

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# Assessments and barriers to using conventional transit

5. Have you completed any functional assessments, tests, and/or evaluations in the last 24 months that measure the applicant's ability to navigate independently in the community? (e.g. TUG, MoCA, etc.).\*

- Yes
- No

If you selected yes:

Name of assessment(s):\* \_\_\_\_\_

Results of assessment(s):\* \_\_\_\_\_

Brief interpretation of results:\*

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6. Does the applicant use any assistive devices (i.e. wheelchair, crutches, cane, walker/rollator, scooter, oxygen, service animal, etc.)?\*

- Yes
- No

If yes, please list any devices used:\*

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7. Would the applicant find it physically difficult to use conventional transit? i.e. getting on or off buses and trains, paying a fare, transferring between bus routes or between bus/train routes, getting to a nearby transit stop, etc.\*

- Yes
- No

If yes, please explain why:\*

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8. Would the applicant find it cognitively difficult to navigate the conventional transit system independently? i.e. understanding routes, following directions and signage, knowing when to get off a train/bus, being able to ask for help when needed, being able to follow directions in an emergency, etc.\*

Yes

No

If yes, please explain why:\*

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9. Would the applicant find it mentally or emotionally difficult to navigate the conventional transit system independently? i.e. being in public, navigating large crowds, handling emergencies, etc.\*

Yes

No

If yes, please explain why:\*

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10. Would the applicant's vision make it difficult for them to use conventional transit independently? i.e. navigating and wayfinding, determining routes, knowing when to get off a train/bus, being able to read important signage and route numbers, etc.)?\*

Yes

No

If yes, please explain why:\*

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11. In your opinion, is the applicant a safety concern to themselves or others while taking transit?\*

Yes

No

If yes, please explicitly explain the concerns:\*

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12. Does the applicant experience sensitivity to sensory stimulation or have difficulty navigating large crowds?\*

Yes

No

If yes, please explain how it impacts their ability to use transit:\*

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13. Would the applicant's ability to use conventional transit be affected by weather (extreme heat, extreme cold, ice, snow, etc.)?\*

- Yes
- No

If yes, please explain how:\*

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14. Does the applicant require or greatly benefit from a support person when taking transit? (This question will help us determine eligibility for the Transit Support Person program which permits a support person to travel for free when they are with the applicant. Note that the support person must be provided by the applicant and is not provided by GRT.)\*

- Yes, the applicant always requires the presence of a support person
- Sometimes the applicant will require a support person
- No, the applicant does not require a support person (skip to question 17)

If yes or sometimes:

15. Why is a support person required on-board the bus or other forms of transportation offered by GRT? (check all that apply):\*

- Cognitive ability
- Communication
- Mobility issues
- Wandering concerns
- Medical needs
- Other

If other, please explain why:\*

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16. How long will a support person be required for?\*

- 1-6 months
- 7-12 months
- 1-2 years
- Long term

17. Any other restriction or concerns you may have regarding the individual taking conventional or specialized transit?\*

- Yes
- No

If yes, please explain why:\*

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## Health/disability professional certification

Required fields are marked with asterisks (\*)

First name:\*

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Last name:\*

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Unit number:

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Street number:\*

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Street name:\*

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City:\*

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Province:\*

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Postal code (e.g. A1A 1A1):\*

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Phone number (ex 999-999-9999):\*

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Occupation:\*

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Name of employer/workplace (if applicable):\* \_\_\_\_\_

I certify that the information I have provided on this application is accurate and current to the best of my knowledge

Signature:\*

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Date:\*

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