Niagara Transit

Specialized Transit Application

Niagara Transit
Specialized Transit Office
8208 Heartland Forest Rd.
Niagara Falls, ON
L2H 0L7

Visit https://nrtransit.ca/specialized-transit/ to complete this form online.
Note: If you need to fill out this form in another format, please complete this form and send by email to applications@nrtransit.ca or call 1-833-678-5463 for more information.

Overview

To be eligible for NT+ specialized services, all users must first submit an application form which will be reviewed by Niagara Transit staff and assessed within the approved eligibility criteria. It is your responsibility to ensure your application is completed in full, including the portion of the application your Registered Professional is responsible for. If you submit an incomplete application, it will not be assessed, and Niagara Transit **will not** follow up with the next steps. Once your completed application has been submitted and assessed, you will be notified of your eligibility by email or mail and, if approved, you will be eligible to book trips on Niagara Transit+ (NT+) specialized transit services throughout the Niagara Region.

Please complete Part A (sections 1, 2, and 3) in full and have a Registered Professional fill out Part B (sections 4 and 5). Please ensure the entire form is completed legibly.

Please keep a copy of the entire completed application for your records in the event the application does not reach NT+.

If you have trouble completing your form, please do not hesitate to contact us at 1-833-NRT-LINE (1-833-678-5463 or @ Applications@niagaratransit.ca).

Specialized Transit is considered a shared ride service. A shared ride service means:

- Other riders may be on board during the trip to your destination, these riders may be other specialized transit customers or microtransit customers.
- Your route of travel may not be direct and may be altered so other rider(s) can be accommodated.
- You may be on board for up to 75 minutes.
- The vehicle may stop and pick up other riders as it travels to your destination.

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Application Instructions

This application includes five sections over two parts, including:

Part A: Customer Portion

Section 1: Customer and Contact Information asks questions about your personal and contact information. This information will be used to contact customers about their eligibility determinations. This section should be completed by you or your designate.

Section 2: NT+ Specialized Service Eligibility asks questions about your functional abilities, disabilities, and/or medical conditions. This information will be used by NT+ staff to determine your eligibility for specialized transit services. This section should be completed by you or your designate.

Section 3: Additional Information asks questions about your mobility device(s), safety, and supervision, and provides a form for contingency contact information. This information will be used to make sure that customers who are eligible receive the correct level of care while taking NT+ specialized transit services. This section should be completed by you or your designate.

Part B: Registered Professional Portion

Section 1: Registered Professional Information asks the registered professional questions about their contact information and the applicant's personal information. This section should be completed by a Registered Professional.

Section 2: Applicant Information asks questions to a registered professional about your functional abilities, disabilities, medical conditions, mobility devices(s), and safety and supervision. This information will be used by NT+ staff to determine your eligibility for specialized transit services. This section should be completed by a Registered Professional.

Registered professionals who can attest to an applicant's functional ability to take conventional transit are listed below:

- Licensed Physicians,
- Physiotherapist,
- Registered Nurse,
- Licensed Chiropractor,
- Occupational Therapist,
- Certified Psychologist/ Psychiatrist,
- Licensed Optometrist/ Ophthalmologist,
- Ontario Disability Support Program Social Worker, and
- Social Worker/Social Service Worker.

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Eligibility Guidelines

Niagara Transit provides specialized transit services for people who have a disability or medical condition that prevents them from using conventional transit services in the Niagara Region. Please review the Niagara Transit Eligibility Policy found here:

https://nrtransit.ca/about-niagara-transit/policies-and-by-laws/

Note: Disability alone does not constitute eligibility. Decisions are made on a case-by-case basis and are based on the applicant's functional ability to use conventional transit some or all the time. It is not a medical decision deemed by the applicant's healthcare provider. It is also not based on the applicant's income, age, or lack of/limitations to conventional transit in their area.

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Part A: Customer Portion

Section 1: Customer and Contact Information

Personal Information

To be completed by the applicant or their designate. See below for designate section. A designate is a person who knows you that you trust to help you complete this application.

Last name:

First name:

Street address:

Apartment or unit number:

City/town:

Postal code:

Telephone (cellphone)*:

Note if this is not your personal number (e.g., a long-term care home switchboard or other), please provide an alternate contact number.
Telephone (home phone or alternate):

Email*:

Date of birth (DD/MM/YY):

Are you an existing customer (Y/N): If yes, enter your Client ID:

Long-term care facility name (if applicable):

*Please ensure your cellphone and email address are active to receive information about trip updates and eligibility renewals from NT. Where possible, please provide a cell phone number for your primary number, as live trip updates will be sent to this number.

Emergency Contact

Please provide a person to be contacted in the event of emergency.

Last name:

First name:

Relationship to Applicant:

Telephone (cellphone):

Telephone (home phone):

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Any personal information or personal health information is collected, used, and disclosed by Niagara Region under the authority of the Municipal Act for the administration of the inter-municipal transit service in accordance with the ***Municipal Freedom of Information and Protection of Privacy Act (MFIPPA).*** Questions should be referred to the Access and Privacy Office at 905-980-6000, ext. 3779 or FOI@niagararegion.ca.

Designate Contact

If you prefer all Specialized Transit communications, be sent to a designate, please provide their details below. If you do not wish to have communications sent to a designate, you may skip to Section 2.

Last name:
First name:
Relationship to Applicant:
Street Address:
Apartment or Unit Number:
City/town:
Postal Code:
Telephone (cellphone)*:
Telephone (home phone):
Email*:
* Please ensure your cellphone and email address are active to receive information about trip updates and eligibility renewals from NT. Designate contact information must be the same as the Applicant's personal information to receive updates from NT.

Section 2: NT+ Specialized Service Eligibility

Eligibility Questions

1. Do you currently have a disability or medical condition that makes it difficult or impossible for you to use Niagara Transit conventional bus services on your own?

☐ Yes, I have a disability that **always** prevents me from using conventional transit.

☐ Yes, I have a disability that **sometimes** prevents me from using conventional transit.

☐ No, I do not have a disability that prevents me from using conventional transit.

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2. If you have a disability or medical condition that makes it difficult or impossible to use Niagara Transit conventional bus services on your own, what types of functional limitations do you have? Functional limitations are limits to your ability to use conventional transit safely, independently, and consistently. Please check all that apply. If a limitation does not apply, please leave the row blank.

Disability or medical condition	**Always** affects my ability	**Sometimes** affects my ability	Explain how this limitation affects your ability to travel on Niagara Transit buses.
Physical (e.g., difficulty walking, standing, sitting, grabbing, boarding, or alighting buses)	☐	☐	
Sensory (e.g., hearing or vision loss that makes it difficult to navigate, wayfind, and recognize route information)	☐	☐	
Mental Health (e.g., difficulty regulating behaviour, communicating, and keeping oneself safe)	☐	☐	
Cognitive (e.g., difficulty in trip planning, asking for help, understanding routes, and recognizing stops)	☐	☐	
Medical (e.g., conditions or treatments that cause one to be weak, fatigued, or otherwise unable to use conventional buses)	☐	☐	
Other	☐	☐	

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3. Can you walk or roll a distance of 200 meters (approximately two city blocks) with or without the use of an assistive device or mobility aid?

- ☐ Yes, I am able to walk or roll 200 meters independently.
- ☐ Sometimes I am able to walk or roll 200 meters independently.
- ☐ No, I am not able to walk or roll 200 meters independently.

If you answered "No" or "Sometimes," please explain why.

_____

_____

4. Are you able to get on and off an accessible, ramp-equipped Niagara Transit conventional bus on your own?

- ☐ Yes, I am able to get on and off Niagara Transit conventional bus.
- ☐ Sometimes I am able to get on and off Niagara Transit conventional bus.
- ☐ No, I am not able to get on and off Niagara Transit conventional bus.

If you answered "No" or "Sometimes," please explain why.

_____

_____

5. Are you able to stay alert, be aware of your environment, regulate your behaviour, and keep yourself safe while riding Niagara Transit conventional buses?

- ☐ Yes, I am able to keep myself safe on Niagara Transit conventional buses.
- ☐ Sometimes I am able to keep myself safe on Niagara Transit conventional buses.
- ☐ No, I am not able to keep myself safe on Niagara Transit conventional buses.

If you answered "No" or "Sometimes," please explain why.

_____

_____

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6. Are you able to communicate with other people while riding a Niagara Transit conventional bus? (e.g., to ask for help in the event of an emergency).

- ☐ Yes, I am able to communicate with others on Niagara Transit conventional buses.
- ☐ Sometimes I am able to communicate with others on Niagara Transit conventional buses.
- ☐ No, I am not able to communicate with others on Niagara Transit conventional buses.

If you answered "No" or "Sometimes," please explain why.

_____

_____

7. When do you need NT+ specialized services? Check all that apply.

- ☐ Cold, icy, and/or snowy weather.
- ☐ Hot weather.
- ☐ When I am travelling to/from a medical treatment (e.g., dialysis or chemotherapy).
- ☐ When I am travelling to/from a day program.
- ☐ When the stop/station I am departing from or arriving to is not accessible.
- ☐ I can never ride Niagara Transit conventional buses.

Please explain your selection(s) and reasoning here:

_____

_____

Section 3: Additional Information

Devices and Aids

8. Will you be using a mobility device, aid, or support when travelling on NT+ specialized services?

- ☐ Yes, I always travel with a mobility device, aid, or support.
- ☐ Yes, I sometimes travel with a mobility device, aid, or support.
- ☐ No, I never travel with a mobility device, aid, or support. → Please skip to question 11.

9. Do you use any of the following mobility aids? Check all that apply.

	Mobility Aid	Is the device smaller than 30"x50"? *	Does the device have an extended footrest?	Is the device Collapsible?
☐	Manual Wheelchair	☐ Yes	☐ Yes	☐ Yes

☐	Power Wheelchair	☐ Yes	☐ Yes	☐ Yes
☐	Scooter	☐ Yes	☐ Yes	☐ Yes
☐	Walker	☐ Yes	☐ Yes	☐ Yes
☐	Other (Please specify).	☐ Yes	☐ Yes	☐ Yes
☐	I am an ambulatory applicant who requires a ramp to board and alight the vehicle			
☐	Cane			
☐	Quad cane			
☐	White/red cane			
☐	Braces			
☐	Prosthesis			
☐	Crutches			
☐	Portable Oxygen tank			
☐	Service animal or guide dog			

* Devices that are larger than 30 inches in width and 50 inches in length (76 cm x 127 cm) cannot be safely accommodated on Niagara Transit+ specialized vehicles.

10. If you will be using a Manual Wheelchair, Power Wheelchair, Scooter, or Walker as a mobility aid, please answer the following questions.

☐ No, I will not be using one of these devices. → Please skip to question 11.

☐ Yes, my mobility aid is "standard size" with dimensions less than 26" x 35" (66 x 89 cm)

☐ Yes, my mobility aid is "oversized" with dimensions between 26" and 30" in width and 35" and 50" in length (66-- 76 cm x 89 – 127 cm)

☐ Yes, my mobility aid is larger than "oversized" with dimensions greater than 35" x 50" (76 cm x 127 cm)

Safety and Supervision

11. Are you able to travel independently and safely without a support person to your destinations safely and consistently?

☐ Yes, I will always be able to travel independently without a support person.

☐ Yes, I will sometimes be able to travel independently without a support person.

☐ No, I will need to be accompanied by a support person.

12. Are you able to keep yourself safe if left alone?

☐ Yes, I can be dropped off alone. → Please skip to the Authorization section.

☐ Yes, but I can only be dropped off alone at specified locations. * → Please skip to the Authorization section.

☐ No, the NT+ specialized service operator will need to ensure that someone is present at my destination to meet me. For my safety, I cannot be left alone. **

* If you are only able to be dropped off alone at specified locations, you will be responsible for ensuring someone is at the destination to meet you OR to ensure you are travelling with a support person.

** If you need someone to meet you at your destination, you will be responsible for making these arrangements.

Please Note: NT+ is currently finalizing implementation of the hand-off program. Until full implementation, NT will record your hand-off requirement and apply interim safety procedures. By selecting "No, a hand-off is needed" you will require a support person until the hand-off program is implemented.

Contingency Contact Information

13. If you answered No to the previous question, please provide the necessary contingency contact information below. This information is provided so that in the event of circumstances which require assistance for the NT specialized transit customer, a contact can be reached. Contact information must be of a family member, friend, or guardian that is able to accept the NT customer if needed. Contingency contacts must meet the following requirements:

- Live in Niagara Region.
- Do not live at the same address as the other contacts listed.

If none of the contacts listed below can be contacted in the event of circumstance requiring their assistance, future rides will be suspended until the customer's parent/guardian is contacted and this agreement is discussed with them.

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Parent/guardian information:

1) Last name:

First name:

Telephone (cellphone):

2) Last name:

First name:

Telephone (cellphone):

Contingency contact information:

1) First and last name:

Relationship to Applicant:

Telephone (cellphone):

Telephone (home phone):

Address:

2) First and last name:

Relationship to Applicant:

Telephone (cellphone):

Telephone (home phone):

Address:

3) First and last name:

Relationship to Applicant:

Telephone (cellphone):

Telephone (home phone):

Address:

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Authorization

Any personal information or personal health information is collected, used, and disclosed by Niagara Region under the authority of the *Municipal Act* for the administration of the inter-municipal transit service in accordance with the *Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)*. Questions should be referred to the Access and Privacy Office at 905-980-6000, ext. 3779 or FOI@niagararegion.ca.

I hereby certify that the information provided in Parts A is, to the best of my knowledge, true and accurate and I authorize Niagara Transit to use this application to assess my eligibility. I also authorize the signing Registered Professional to release the information requested in Part B to Niagara Transit for purposes of determining eligibility. I also authorize Niagara Transit and my Registered Professional to share and discuss relevant information to support the evaluation of my application.

I authorize Niagara Transit to disclose any required information to other transit services to support my use of other specialized transit services.

If applicable, I acknowledge that I must carry my Universal Support Person Pass with me, otherwise my accompanying support person will be required to pay a fare.

Signature:

Date (dd-mm-yyyy):

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Part B: Registered Professional Portion

Section 1: Registered Professional Information

You are being asked to fill out this form to support the eligibility determination process for NT+ specialized services. Your client/patient will be submitting this application form to assess their eligibility for our specialized transit services.

To complete this form, you must:

- Read Part A: Customer Portion in its entirety,
- Know the client/patient in a professional capacity as a Registered Professional whose profession is found in the list below,
- Be able to speak about the barriers (functional limitations) that the applying client/patient currently experiences due to their disability or medical condition, and
- Not have a pre-existing personal relationship with the client/patient.

Eligibility for NT+ specialized services is determined by whether your client/patient has a disability or medical condition that prevents them from using conventional transit buses safely and independently. Eligibility is not based on the presence of any specific medical condition, personal income, language barriers, inability to drive, or lack of familiarity or comfortability with Niagara Transit's conventional bus system.

There are different kinds of eligibility including temporary, conditional, and unconditional. Through answering questions on this application form, you will be providing Niagara Transit with the information they need to make an eligibility determination for your client/patient.

Specialized Transit drivers assist passengers from the first accessible door at the pickup location to the first accessible door at the drop-off destination, but do not provide onboard care or assist passengers beyond the accessible entrance of their pick-up or drop-off location.

To travel on specialized transit safely and independently the client/patient must be able to perform the following abilities:

- Recognize their destination and communicate to the operator if they are at the correct or incorrect location,
- Seek and receive help if they are dropped off at an incorrect location,
- Be safely left unattended on the vehicle with other riders when the operator is away from the vehicle (i.e., they are not at risk of exiting the vehicle and wandering),

- If ambulatory, transfer into and out of the vehicle without physical assistance from the operator,
- Maneuver their mobility device (if present) to transfer into and out of the vehicle.

Contact Information

Required to be completed by a Registered Professional:

Applicant's last name:
Applicant's first name:
Applicant's date of birth (DD/MM/YY):
Registered Professional's last name:
Registered Professional's first name:
License or registration number:
Street address:
Apartment or unit number:
City/town:
Postal code:
Telephone:
Email:

Which profession best describes you:

- ☐ Licensed Physician
- ☐ Physiotherapist
- ☐ Registered Nurse
- ☐ Licensed Chiropractor
- ☐ Ontario Disability Support Program (ODSP) Support Worker
- ☐ Occupational Therapist
- ☐ Certified Psychologist/Psychiatrist
- ☐ Licensed Optometrist/Ophthalmologist
- ☐ Social Worker/Social Service Worker

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Section 2: Applicant Information

Applicant Eligibility

1. I have read Part A: Customer Portion completely.

☐ Yes.

2. Does the applicant currently have a disability or medical condition that makes it difficult or impossible for them to use Niagara Transit conventional bus services on your own?

☐ The individual can **always** use conventional transit.

☐ The individual has a disability that **always** prevents them from using conventional transit.

☐ The individual has a disability that **sometimes** prevents them from using conventional transit. (Please check all that apply).

- ☐ If the weather is too cold, snowy, or icy.
- ☐ If the weather is too hot or sunny.
- ☐ If they are travelling to/from a specific medical treatment (e.g., chemotherapy, dialysis).
- ☐ If they are not travelling to/from a day program.

3. Does the applicant have functional limitations due to disability or medical condition which impact their ability to travel on Niagara Transit conventional transit buses? Please check all that apply.

Disability or medical condition	**Always** affects applicant's ability	**Sometimes** affects applicant's ability	Explain how this limitation affects your client/patient's ability to travel on Niagara Transit buses. (Response required).
Physical (e.g., difficulty walking, standing, sitting, grabbing, boarding, or alighting buses)	☐	☐	
Sensory (e.g., hearing or vision loss that makes it difficult to navigate, wayfind, and recognize route information)	☐	☐	
Mental Health (e.g., difficulty regulating	☐	☐	

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behaviour, communicating, and keeping oneself safe)			
Cognitive (e.g., difficulty in trip planning, asking for help, understanding routes, and recognizing stops)	☐	☐	
Medical (e.g., conditions or treatments that cause one to be weak, fatigued, or otherwise unable to use conventional buses)	☐	☐	
Other	☐	☐	

4. Is the applicant able to walk or roll a distance of 200 meters (approximately two city blocks) with or without the use of an assistive device or mobility aid?

☐ Yes, always. ☐ No, never. ☐ Yes, sometimes.

5. Does the applicant currently use a mobility device or aid?

☐ Yes, always. ☐ No, never. ☐ Yes, sometimes.

6. Is the applicant able to get on and off an accessible, ramp-equipped Niagara Transit conventional bus on their own?

☐ Yes, always. ☐ No, never. ☐ Yes, sometimes.

7. Is the applicant's disability or medical condition temporary (i.e., expected to improve over time) or permanent (i.e., will stay the same or worsen over time)?

☐ Permanent

☐ Temporary

If Temporary, please indicate the expected amount of time you anticipate your client/patient will require specialized services.

_____

Registered Professional Initial:

_____

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Customer Safety and Supervision

8. To ensure the safety and wellbeing of the applicant, please indicate if they are likely to engage in any of the following behaviour(s):

	No, never.	Yes, always.	Sometimes.	If you answered Yes or Sometimes, please explain.
Exiting the vehicle and wandering	☐	☐	☐	
Causing harm to themselves	☐	☐	☐	
Causing harm to others	☐	☐	☐	
Making a verbal or physical threat of violence or harm	☐	☐	☐	

9. Is the applicant able to communicate with other people and ask for help when needed? (e.g., to ask for help in the event of an emergency).

☐ Yes, always. ☐ No, never. ☐ Yes, sometimes.

10. Is the applicant able to travel independently and safely unaccompanied while using NT+ specialized services?
(Note that NT+ does not provide support persons).

☐ Yes, always. ☐ No, never. ☐ Yes, sometimes.

11. Is the applicant able to be safely left unaccompanied at their pickup and drop-off locations?
(Note that the applicant is responsible for ensuring a person is present for the hand-off).

☐ Yes, no hand-off needed. ☐ No, a hand-off is needed.

Please Note: NT+ is currently finalizing implementation of the hand-off program. Until full implementation, NT will record your hand-off requirement and apply interim safety procedures. By selecting "No, a hand-off is needed" you will require a support person until the hand-off program is implemented.

Authorization

Registered Professional Signature:

Date (dd-mm-yyyy):