
Handy Bus Pre-Registration Application

Applicant Information:

Name: _____

Address: _____

City: _____ Postal Code: _____

Telephone: _____ Email: _____

- Check if you have had a Professional Verification Assessment completed by a registered health professional, as defined in the Handy Bus Policy.
- Check if you are applying for an extension or re-certification of eligibility.

Emergency Contact Information:

#1 Name: _____ **Relationship:** _____

Address: _____

Telephone: _____ Email: _____

- Check if this person will be making Handy Bus reservations on your behalf
- Check if this address will serve as an alternate drop off location (only used in cases when no one is home at you residence and you cannot be left alone)

#2 Name: _____ **Relationship:** _____

Address: _____

Telephone: _____ Email: _____

- Check if this person will be making Handy Bus reservations on your behalf
- Check if this address will serve as an alternate drop off location (only used in cases when no one is home at you residence and you cannot be left alone)

The following questions will assist in describing why you require Handy Bus services (if you require additional space, please attach another page to this application).

1. Describe any challenges you might experience regarding getting to a conventional transit bus stop.
2. Describe any challenges you might have while waiting for a bus.
3. Describe any challenges you may experience while riding on a conventional bus.
4. Is there anything else you would like to add?

I have received a copy of the Handy Bus Policy and agree to adhere to the terms and conditions described within.

Signature of Applicant

Date

Professional Medical Assessment Form

This form is to be completed by one of the following registered health professionals: medical doctor, registered nurse, physiotherapist, occupational therapist, or psychologist.

This form will be used by the City of Whitehorse to determine whether the applicant in question qualifies for access to the Whitehorse Transit Handy Bus Services. It is requested that you be as specific and detailed as necessary to ensure an informed decision is made.

If at any time, additional information or clarification is needed, the City of Whitehorse may seek an independent review to determine eligibility.

The Handy Bus is a special curb-to-curb service for eligible persons who are unable to use the conventional public transit system with safety and dignity due to a temporary or permanent physical and/or cognitive disability.

It is important to note that the entire fleet of conventional buses consists of fully accessible, low-floor buses. As Handy Bus resources are limited, this service is available only to those who must depend on it for transportation.

Name of Applicant: _____

1. Is the applicant diagnosed with a permanent or temporary medical condition that may prevent him/her from traveling on the conventional public transit system?

- Yes, permanent condition
- Yes, temporary condition
- No
- Not applicable to my area of expertise

If yes, please specify (If this is a temporary disability, include approximate dates for which the service is required):

2. Does the Applicant have a temporary or permanent physical disability that may prevent him/her from traveling on the conventional public transit system?

- Yes, permanent physical disability
- Yes, temporary physical disability
- No
- Not applicable to my area of expertise

If yes, please specify (If this is a temporary disability, include approximate dates for which the service is required):

3. Does the Applicant have a temporary or permanent cognitive disability that may prevent him/her from traveling on the conventional public transit system?

- Yes, permanent cognitive disability
- Yes, temporary cognitive disability
- No
- Not applicable to my area of expertise

If yes, please specify (If this is a temporary disability, include approximate dates for which the service is required):

4. Does the applicant use a:

- | | | | |
|---------------------------|------------------------------|-----------------------------|--------------------------------------|
| a) Wheelchair? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Do not know |
| b) 3-wheeled scooter? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Do not know |
| c) Walker? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Do not know |
| d) Cane? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Do not know |
| e) Crutch? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Do not know |
| f) Service Animal? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Do not know |
| g) Other? Please specify: | _____ | | |

5. When traveling to and from a transit stop is the applicant able to:

a) Navigate to and from a transit stop over a variety of surfaces and around physical and environmental barriers, such as curbs, trash cans, mail boxes, snow, ice, etc, (a distance of about 175m)?

Yes No Do not know

b) Negotiate ramps?

Yes No Do not know

c) Use street signs or other directional cues to get to the transit stop?

Yes No Do not know

d) Understand and remember transit system information?

Yes No Do not know

e) Find, reach and use push buttons for walk signals?

Yes No Do not know

f) Cross intersections without the need for accessible pedestrian signals (devices that communicate pedestrian information in non-visual formats)?

Yes No Do not know

Please elaborate any of the above points as necessary:

6. At the transit stop, is the applicant able to:

a) Wait at the transit stop for up to 10 minutes?

Yes No Do not know

b) Board the bus and pay the fare?

Yes No Do not know

c) Identify the appropriate bus?

Yes No Do not know

d) Identify required transit information on signs without large lettering, braille, or auditory cues?

Yes No Do not know

e) Feel comfortable and safe while waiting?

Yes No Do not know

f) Travel to and wait at the transit stop in poorly lit areas or at night time?

Yes No Do not know

g) Does the applicant require adequate seating at the transit stop?

Yes No Do not know

Please elaborate any of the above points as necessary:

7. On the transit vehicle, is the applicant able to:

a) Recognize the destination and signal for the bus to stop?

Yes No Do not know

b) Feel comfortable and safe while riding the bus?

Yes No Do not know

c) Navigate safely, and with dignity, to and from any seat on the bus?

Yes No Do not know

Please elaborate any of the above points as necessary:

8. Drivers, upon request, will assist eligible riders at their pick-up and drop-off locations to and from the nearest exterior accessible entrance within sight of the Handy Bus in a safe parking position. If the applicant requires additional assistance beyond what the driver can provide, or cannot be left alone on the bus to care for him or herself while in transit, an attendant **is** required. Do you feel that the applicant requires an attendant?

Yes No Do not know

If yes, please specify why:

I confirm that the above information is accurate and based solely on my professional assessment.

Signature of Registered Medical Professional Date

Printed Name: _____ Position: _____

Organization: _____

Telephone: _____ Address: _____

Please return the completed form in a sealed and stamped envelope **marked confidential** to:

Whitehorse Transit Department
2121 Second Avenue
Whitehorse, YT, Y1A 1C2

OR Fax the form to 867-668-8653

OR Provide the completed form to the applicant for submission, provided that:

- It is in a sealed and stamped envelope **marked confidential**; and
- The envelope is from your office and clearly labeled with your return address.

Opened envelopes may not be considered for determination of eligibility.