

Application for Lift+ Specialized Transit Service

Operated by: Transit Services Division Community Services Department - City of Thunder Bay

Service & Application Overview

Lift+ Specialized Transit Service is a door-to-door, shared ride which might be for residents who are, due to a disability, unable to use the City's accessible, conventional bus service (Thunder Bay Transit) for all or part of a trip. Lift+ provides the same hours of operation and fares as Thunder Bay Transit; however, rides must be booked in advance.

This application is intended to provide Lift+ Administration with detailed information regarding your transportation needs as well as your ability/inability to use Thunder Bay Transit. Lift+ is not for those who find it more difficult or who are reluctant or unwilling to use Thunder Bay Transit. If necessary, include additional sheets if necessary to provide more information.

This application is to be completed by the applicant with assistance if needed. <u>Complete all questions</u>. Incomplete or illegible applications will not be processed and will be returned to you for completion. The completion of this application does not guarantee eligibility.

You **<u>are not</u>** required to take this form to a health care provider.

Most individuals are required to attend an individualized Transit Skills Assessment. This Transit Skills Assessment is to review one or more of the following when applicable:

- Eligibility for service;
- The ability to safely travel independently; or
- To ensure that your mobility equipment can be safely secured and meets the Lift+ requirements for transportation.

The assessment is completed by an independent advisor. There is no charge for this assessment, including transportation to and from Transit Services.

This application may take up to 14 days to process. If a decision has not been made within the 14 day period, you may be given temporary eligibility until that decision has been reached.

If a registrant does not use Lift+ during a consecutive 12 month period, they will be deemed an inactive registrant and will have to re-apply for the service.

Eligibility for Service

Eligibility will be assessed based on the information provided on this application form and any interview and/or assessment results.

- Eligibility is approved on a case by case basis.
- Eligibility is not based on a particular disability.
- Eligibility is not based on age or income.
- Eligibility is not based on the lack of availability of Thunder Bay Transit in the area in which the person resides.

Eligibility for Lift+ falls under one of these categories:

- 1. Unconditional
- 2. Temporary
- 3. Conditional
- A registrant's eligibility will be reviewed a minimum of every three (3) years.
- Should you disagree with the decision regarding your eligibility determination, an appeals process is available.

Return all completed documents to:

Lift+ Specialized Transit c/o Transit Services Division 570 Fort William Road Thunder Bay, ON P7B 2Z8

Transit Services Customer Service:

Phone: (807) 684-3744 "Press 0" Fax: (807) 345-5744 TTY: (807) 684-2997 Email: transit@thunderbay.ca Website: www.thunderbay.ca/transit

All personal information, including personal health information, collected is collected under the authority of the Municipal Act, 2001. Personal information is collected in compliance with the Municipal Freedom of Information and Protection of Privacy Act. Personal health information is collected in compliance with the Personal Health Information Protection Act. The personal and personal health information collected is solely for the purpose of determining eligibility for Specialized Transit. None of your personal or personal health information will be shared, rented, sold or otherwise released to any third party without your consent.

Application for Lift+ Specialized Transit Service

Are you a:	Current Registrant	New Registrant	□ Visitor			
Name:	(Last)	(Fi	rst)			
Address:						
City/Town:		Postal Code:				
Telephone N	umber:	Cell Phone Number:				
Mailing Addr	ess (if different):					
Date of Birth	: Month Day Yea	Email:				
Local Emergency Contact Information Required in the event of an emergency while registrant is on a Lift+ Bus.						
Emergency C (Primary contac		Relationship:				
Home Teleph	none:	Work:	Cell:			
Emergency C (Secondary con		Relations	hip:			
Home Teleph	none:	Work:	Cell:			

1. I am applying for: (check one)

□ Unconditional Eligibility

I am unable to ride Thunder Bay Transit buses at any time.

□ Conditional Eligibility

I can sometimes ride Thunder Bay Transit buses but weather or inaccessible locations make it difficult.

□ Temporary Eligibility

I have a temporary disability, which is preventing me from riding Thunder Bay Transit buses.

My temporary disability is expected to last:

 \Box 3 months \Box 6 months \Box 12 months

2. How do you get around the city now? Check all that apply.

□ Drive self	Private (eg. assisted living program bus)
Family or friends drive me	🗖 Taxis
Thunder Bay Transit buses	□ Other

- 3. What condition(s) are you experiencing that prevent you from riding Thunder Bay Transit buses safely?
- 4. How does the above condition(s) impact your mobility and ability to access bus stops, ride on the bus, and get on or off the bus?
- How many city blocks are you able to walk or travel with or without the assistance of a mobility device?
- 6. Which mobility aide(s) (if any) do you use? (check all that apply)

Which mobility device is preferred for travel?				
[□ 2-wheeled Walker	□ 4-wheeled Walker	Does your walker have a seat? Yes No	
Γ	⊐ Oxygen	How many tanks and method of transportation		
[∃ Broda Wheelchair	Bariatric Wheelchair		
Γ	□ Powered Scooter	White Cane		
Γ	□ Powered Wheelchair	Cane		
[□ Manual Wheelchair	Service Animal		

- Lift+ can accommodate mobility devices that do not exceed 30" wide x 48" long.
- The combined weight of the passenger and mobility aide cannot exceed 750lbs.
- Lift+ is **unable** to transport you if your wheelchair/scooter **does not** have tie down brackets or a lap belt.
- 7. Do the outside dimensions of the wheelchair/scooter or the approximate combined weight of you and the wheelchair/scooter exceed the above measurements or weight?

□ Yes □ No

Complete the chart below with all required information regarding your mobility device.

Type of Mobility	Overall	Overall	Does your	Does your	Where is your
Device	Width	Length	wheelchair/scooter	wheelchair/scooter	wheelchair/scooter
	(inches)	(inches)	have tie down	have a lap belt?	from?
			brackets?		(Supplier Name)
Manual					
Wheelchair					
Power					
Wheelchair					
Scooter					

8. Does your home have a ramp or platform lift?

□ Yes □ No

Lift+ Operators will assist the registrant up/down the ramp but are not able operate personal platform lifts due to risk of personal safety.

9. Does your home have steps outside, at the pickup entrance?

Yes □ How Many? _____ No□

Lift+ Operators will assist the registrant up/down 3 steps without risking their personal safety.

Registrants may have someone accompany them on their trip with Lift+. In some instances, that person may be required for all trips and in other instances it may on a trip-by-trip basis. Read the definitions below to determine what your accompaniment needs are.

Support Person

Some registrants of Lift+ may require a support person <u>while traveling</u> for communication, mobility, personal care, medical needs, or with access to goods, services or facilities. A support person should be in place if the registrant is unable to travel alone during the trip. Lift+ Operators provide door-to-door assistance.

Subject to approval, a medical professional must confirm the need for a support person. An application for support person is available online or on request. The registrant **must always** be accompanied by his/her support person while traveling with Lift+ or the trip will be cancelled. The support person will ride free of charge.

Hand to Hand Attendant

Some registrants of Lift+ may be able to travel alone; however, may require an attendant to meet them at their destination. Without the hand-to-hand attendant present, a Lift+ Operator is unable to leave the registrant at his/her destination and may have to return him/her to his/her pick-up location. The registrant is responsible for ensuring there is an attendant available at the destination if required.

Companion

All registrants may have a person occasionally travel with them on Lift+. A registrant must indicate at the time of booking a trip if a companion will be traveling. Companion travel may be restricted based on availability. All companions must pay the relevant fare.

What is your accompaniment requirement?

□ Support Person Describe assistance required while in transit.

□ Hand to Hand Attendant Complete the Hand-to-Hand Attendant information on the next page.

□ Companion

Hand-to-Hand Attendant

In the event that a registrant requires hand-to-hand assistance, provide the necessary details of a contingency plan below. The contact information and location below must be a family member/friend that is available to accept the registrant. If a circumstance does arise and all of the contacts below are called but cannot be reached, the registrant may be requested to travel with a support person.

1. Primary Contact:		Relationship:		
	Home Telephone:	_Work:		Cell:
2.	Alternate Contact:		Relationship:	
	Home Telephone:	Work:		Cell:
2			Deletis estis	
3.	Alternate Contact:		Relationship:	
	Home Telephone:	_Work:		Cell:

CERTIFICATION OF APPLICATION

I understand that the purpose of this application form is to assist in determining whether I am eligible to be an unconditional, conditional or temporary registrant of Lift+ Specialized Transit Services. I understand that the information on this form will be shared with designated employees of the Transit Services Division for the purpose of processing this application. I understand also that this information may be shared with an assessment advisor, if required, to assist in determining my eligibility or an appeals panel if my eligibility is denied.

I understand that all information obtained will be kept CONFIDENTIAL between the City of Thunder Bay and the parties specified above.

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THE INFORMATION PROVIDED ON THIS APPLICATION IS CORRECT.

Date

If you have completed this application for the applicant, you must have authority to sign on behalf of the applicant.

Name:	Relationship:

Home Telephone:______Work:_____Cell:_____

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THE INFORMATION PROVIDED IN THIS APPLICATION IS CORRECT AND THAT I HAVE THE AUTHORITY TO SIGN ON BEHALF OF THIS APPLICANT.

Signature	Da	ate				
Office use only - section required for tracking purposes Date Received						
Comments Date Approved	Orientation Date	Expiry Date				