Specialized Transit

Application Form

Complete this form to apply for specialized transit service in the City of Burlington, Town of Milton, and/or Town of Oakville.

Specialized transit is an accessible shared ride service for persons with a disability that prevents them from using conventional transportation services.

How to complete this form

Part A – Applicant Information: The applicant, guardian or power of attorney is to complete and sign.

Part B – Healthcare Professional: A healthcare professional must complete and sign Part B of the form providing information on the applicant's disability.

Forms are processed within 14 calendar days and applicants will be notified by email, when provided, or by mail whether the application has been approved or denied.

Completed applications can be faxed to 905-338-4166, emailed to mobility@oakville.ca or mailed to: Specialized Transit Application Office c/o Oakville Transit, 1225 Trafalgar Road Oakville, ON L6H 0H3

Applications can be delivered to Oakville Transit at 430 Wyecroft Road, Oakville.

Collection of Information

Personal information contained on this form is collected under the authority of the Municipal Act, 2001, S.O. 2001, c. 25, to determine eligibility for specialized transit service in the City of Burlington, Town of Oakville and/or Town of Milton and to communicate specialized transit service information and engagement opportunities. Questions about this collection can be directed to

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BURLINGTON TRANSIT
3332 Harvester Rd., Burlington
905-639-0550
contactbt@burlington.ca

MILTON TRANSIT
150 Mary St., Milton
905-864-4141
transit@milton.ca

OAKVILLE TRANSIT
430 Wyecroft Road, Oakville
905-815-2020
transit@oakville.ca

Part A: Applicant

I am a ☐ New Customer ☐ Existing Customer

My Customer ID is

I am applying to ☐ Burlington Transit ☐ Milton access+ ☐ Oakville care-A-van

I will primarily use specialized transit in ☐ Burlington ☐ Milton ☐ Oakville

First Name Last Name

Street Address Unit #

City/Town Postal Code

Name of Residence (if applicable)

Date of Birth

Day-time Phone Number Evening Phone Number

Email Cellular Number

Preferred method of contact for a known service delay in-excess of 30 minutes:

☐ Phone ☐ Email

In case of emergency, please notify

Name Relationship to applicant

Home Phone Number Cellular Number

Within the last 6 months, have you used conventional transit? ☐ Yes ☐ No

Are you:

Able to board a low floor, ramp equipped conventional bus on your own? ☐ Yes ☐ No

Are you able to travel to a regular bus stop? ☐ Yes ☐ No

Are you able to wait outside at a regular bus stop? ☐ Yes ☐ No

If you answered no above, can you wait outside if

There is a bench ☐ Yes ☐ No

There is a shelter ☐ Yes ☐ No

The wait is not longer than _____ min.

I can get to and from a bus stop only if (check all that apply):

☐ I have an attendant with me

☐ I am familiar with the area

☐ There is a sidewalk

☐ The path of travel is free of ice, snow, or debris

☐ I do not have to cross a busy street

☐ I am familiar with the bus route

☐ I need to travel less than _____ ft to or from a bus stop from my residence

☐ There are curb cuts along the route to the bus stop

☐ The ground is level or only slightly inclined

I can independently recognize my destination and leave the bus: ☐ Yes ☐ No

I can recognize my destination and leave the bus only if (check all that apply):

☐ The driver announces my stop

☐ Other _____

Explain how you are unable to use conventional transit due to your disability (Please share all information that would support your need for specialized transit)

How do you currently access your community? (grocery store, appointments, friends, family, etc.)

☐ Public Transit ☐ GO Transit ☐ Car ☐ Taxi
☐ Walk ☐ Bicycle ☐ Ride Share (Uber, Lyft, etc.)

What assistive devices do you use? (Please check all that apply)

☐ Manual wheelchair ☐ Powered wheelchair ☐ Powered scooter ☐ Walker
☐ Prosthesis ☐ Hearing aid ☐ Communication board ☐ Oxygen bottle
☐ Certified Service animal ☐ Crutches ☐ Cane ☐ White cane

☐ Other

Which assistive devices do you use the most?

Applicant Signature and Authorization

I hereby authorize the representative of the service providers (Burlington Transit, Oakville care-A-van or Milton access+) to use this application to determine my eligibility. This application will be reviewed by the representative of the service providers for the purpose of determining my eligibility for their respective service.

I also authorize the healthcare professional who signed Part B to release any information to the representative of the service providers for purposes of determining eligibility. I understand that I may be asked to attend an in-person interview with a representative of the respective service provider to assist in the assessment of my eligibility. I also understand that my continued eligibility may be re-assessed from time to time by the service provider with whom I am approved.

Signature _____ Dated _____

If you are the parent, guardian or power of attorney for the applicant, complete the following:

First Name _____ Last Name _____

Street Address _____ Unit # _____

City _____ Postal Code _____

Day-time Phone Number _____ Evening Phone Number _____

Email _____ Cellular Number _____

Relationship to Applicant _____

Signature _____ Dated _____

Form Checklist

Please use the following checklist to ensure your application is complete

☐ I have signed Part A
☐ My Healthcare Professional has completed Part B including certification number and contact information
☐ I have completed all the questions
☐ My Healthcare Professional has signed Part B
☐ I have made a copy of the form (Optional)

Part B: Healthcare Professional

To be completed by a certified healthcare professional.

Applicant's full name

I have read Part A in its entirety ☐ Yes ☐ No

Do you agree with the information in Part A? ☐ Yes ☐ No

If No, please explain

Does the applicant require any of the following to ride transit services?
(Please check all that apply)

☐ Manual wheelchair	☐ Powered wheelchair	☐ Powered scooter	☐ Walker
☐ Prosthesis	☐ Hearing aid	☐ Communication board	☐ Oxygen bottle
☐ Certified Service animal	☐ Crutches	☐ Cane	☐ White cane

☐ Other

Can the applicant travel to a bus stop and are they able to board a low-floor, ramp equipped conventional transit bus? ☐ Yes ☐ No

If No, please explain

Is the disability permanent without expectation of change? ☐ Yes ☐ No

If not permanent, the disability is temporary until

Is the applicant undergoing a surgical procedure? ☐ Yes ☐ No

What is the date of the procedure?

What is the procedure?

Indicate using the chart below the applicant's

	Condition/Diagnosis	How it affects the applicant's ability to use conventional transit
Physical		
Cognitive		
Mental Health		
Sensory		
Seizure		
Other: _____		

Does the applicant require a mandatory support person? ☐ Yes ☐ No

Can the applicant walk 175 m? ☐ Yes ☐ No

Is the applicant at risk of falling down? ☐ Yes ☐ No

Is the applicant at risk of inadvertently exiting the vehicle and wandering? ☐ Yes ☐ No

Is there any other information which is relevant to this application? ☐ Yes ☐ No

Healthcare Professional Signature and Authorization

Profession: (Please check one)

☐ Chiropractor
☐ Registered Nurse
☐ Registered Occupational Therapist
☐ Physiotherapist
☐ Licensed Physician
☐ Licensed Physical Therapist
☐ Certified Rehabilitation Specialist

☐ Other

I hereby certify that the above information is true:

First Name Last Name

Street Address Unit #

City Postal Code

License/Certification Number

Day-time Phone Number

Email

Signature Dated