

# 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](mailto: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 Wycroft 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



3332 Harvester Rd., Burlington  
905-639-0550  
[contactbt@burlington.ca](mailto:contactbt@burlington.ca)



150 Mary St., Milton  
905-864-4141  
[transit@milton.ca](mailto:transit@milton.ca)



OAKVILLE  
TRANSIT  
430 Wycroft Road, Oakville  
905-815-2020  
[transit@oakville.ca](mailto: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 (DD/MM/YY)

Day-time Phone Number

Evening Phone Number

Email

Cellular Number

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

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.

Have you had any falls in the past year?  Yes  No

If yes, please explain

**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.)**

- |   |                                     |  |                               |   |
|---|-------------------------------------|--|-------------------------------|---|
| <input type="checkbox"/> Public Transit | <input type="checkbox"/> GO Transit | <input type="checkbox"/> Car                           | <input type="checkbox"/> Taxi | <input type="checkbox"/> With Family/Friend |
| <input type="checkbox"/> Walk           | <input type="checkbox"/> Bicycle    | <input type="checkbox"/> Ride Share (Uber, Lyft, etc.) |                               |   |

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

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Manual wheelchair        | <input type="checkbox"/> Powered wheelchair | <input type="checkbox"/> Powered scooter     | <input type="checkbox"/> Walker        |
| <input type="checkbox"/> Prosthesis               | <input type="checkbox"/> Hearing aid        | <input type="checkbox"/> Communication board | <input type="checkbox"/> Oxygen bottle |
| <input type="checkbox"/> Certified Service animal | <input type="checkbox"/> Crutches           | <input type="checkbox"/> Cane                | <input type="checkbox"/> White cane    |

Other

**Which assistive devices do you use the most?**

Are you able to independently ask for and follow instructions?  Yes  No

Are you able to independently use a phone?  Yes  No

Do you experience anxiety when travelling on conventional transit?  Yes  No

If so, how does it impact your ability to travel independently?

Do you have sensory challenges that impact your ability to travel on conventional transit?  Yes  No

Describe how each of the following affects your ability:

	Always affects my ability	Sometimes affects my ability	Explain how and why this disability condition affects your ability to travel on conventional transit
Physical			
Cognitive			
Mental Health			
Sensory			
Other			

# 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)

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Manual wheelchair        | <input type="checkbox"/> Powered wheelchair | <input type="checkbox"/> Powered scooter     | <input type="checkbox"/> Walker        |
| <input type="checkbox"/> Prosthesis               | <input type="checkbox"/> Hearing aid        | <input type="checkbox"/> Communication board | <input type="checkbox"/> Oxygen bottle |
| <input type="checkbox"/> Certified Service animal | <input type="checkbox"/> Crutches           | <input type="checkbox"/> Cane                | <input type="checkbox"/> White cane    |

Other

Can the applicant travel to a bus stop  Yes  No

Are they able to board a low-floor, ramp equipped conventional transit bus?  Yes  No

If No to travel to a bus stop and/or board a low-floor bus, please explain

Is the disability permanent without expectation of change?  Yes  No

If not permanent, the disability is temporary until (DD/MM/YY)

Is the applicant undergoing a surgical procedure?  Yes  No

What is the date of the procedure? (DD/MM/YY)

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		
Other: _____		

**Does the applicant require a mandatory support person?**

Specialized bus service       Yes       No

Conventional bus service       Yes       No

**Is the applicant able to safely travel (e.g. walk, propel) 175 metres?**       Yes       No



**Is the applicant at increased risk of falls?**

Yes  No

**Would the applicant be able to stand and/or sit for upwards of 1 hour to wait for a conventional transit bus?**

Yes  No

**Does the applicant require physical assistance when transferring from a seated seat of 42" to standing or vice versa?**

Yes  No

**Will applicant be using the services to attend a Day program?**

Yes  No

If yes, will this be their sole use of the services or will they be using for other such as medical appointment, groceries etc.?

**Are there conditions which affect the applicant's safety in the community, please specify:**

Does the applicant understand safety risks in the community  Yes  No

Is the applicant at risk for wandering or becoming lost in the community  Yes  No

Can the applicant be safely left unattended at their destination  Yes  No

Other:

**Is there any other information which is relevant to this application?**

Yes  No

**Accessible transit is a shared ride service. The applicant will be required to travel with an operator and other passengers. Accessible transit vehicles stop at different locations and operators must exit the vehicle to pick-up/escort customers. For these reasons, please indicate if the applicant is at risk of engaging in any of the following behaviour(s)?**

**Exiting vehicle and wandering**                       **Yes**     **No**

Please provide details:

**Causing harm to themselves**                       **Yes**     **No**

Please provide details:

**Causing harm to others**                               **Yes**     **No**

Please provide details:

**Making a verbal or physical threat of violence or harm**     **Yes**    **No**

Please provide details:

**Accessible transit operators assist passengers from door to door but they do not assist beyond the accessible entrance of their destination. Are there conditions which affect the applicant's safety if left unattended, beyond the accessible entrance of their destination? Please indicate below:**

**Does the applicant understand safety risks in the community**  Yes  No  
e.g. cross street safely, vulnerable when alone?

Please provide details:

**Is the applicant at risk for becoming lost in the community?**  Yes  No

Please provide details:

**Can the applicant be safely left unattended at their destination?**  Yes  No

- Mobility needs
- Cognitive limitations
- Sensory deficits
- Other, specify below

Please provide details:

# 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