



Accessible Loyalist Link Passenger Application Form

If you require this form in large font, please contact us at 613-386-7351, ext. 116.

This form is for use by people who wish to apply for Loyalist Township's Accessible Loyalist Link Service, which provides transit within Loyalist Township and the City of Kingston. This accessible transportation service is provided by Kingston Area Taxi Commission (KATC), under contract to Loyalist Township.

If you have any questions, or need assistance to complete this form, please call Loyalist Township at 613-386-7351, ext. 116. Personal information contained on this form is collected pursuant to the Municipal Freedom of Information and Protection of Privacy Act and will be used for the purpose of determining eligibility for Loyalist Township Accessible Transportation. Questions about this collection should be directed to the Clerk's Division by email at clerks@loyalist.ca or by phone 613-386-7351.

Who qualifies:

In order to become a registered passenger of Loyalist Township Accessible Loyalist Link, a person must:

Be a resident of Loyalist Township, living within the transit area that is served by the Loyalist Link AND have a disability (or medical conditions) as per the integrated Accessibility Standard (Ont. Reg. 191/11) and Accessibility for Ontarians with Disabilities Act 2005 (A.O.D.A) **which prevents** the person from using conventional fixed-route transit services offered by Loyalist Township through Loyalist Link.

Eligibility for Loyalist Township's Accessible Loyalist Link Service is considered on a case-by-case basis and is based solely on the applicant's disabilities and medical conditions preventing them from using Loyalist Link services.

Eligibility is not based on:

- Age, or a specific health condition.
- Loss of driver's license, inability to drive, or not having a personal vehicle.
- Loyalist Link services not being offered in the area of the applicant's pick-up/drop-off locations (e.g. rural areas of Loyalist Township), lack of sidewalks in area, unwillingness and/or reluctance to use Loyalist Link transit services.
- Financial need including inability to pay for taxis (please note: ODSP recipients are not automatically eligible for specialized transit services).

Some applicants may only be eligible for service during certain periods of the year.

Passengers whose disabilities or medical conditions require specific transportation (e.g. extreme fragility requiring transportation below regular speeds or inability to remain on the vehicle for up to 1 hour) need to contact a non-emergency medical carrier for transportation.

How to apply for Accessible Loyalist Link Transportation:

1. Complete "Part A: Applicant Information" (pages 8-15): This section contains contact information for the applicant, and questions about the applicant's medical conditions and how they impact the applicant's ability to use conventional transit. This is to be completed by the applicant, or a designate, acting on their behalf. This part also includes your consent for Loyalist Township to contact your healthcare professional for additional information or clarification if required.
2. Have your Healthcare Professional complete "Part B: Healthcare Professional Certification" (pages 16-21). Part B must be received by Loyalist Township within 3 months of the date the healthcare professional completes the form.
3. Return parts A & B to Loyalist Township via one of the following methods:
 - a) Scan (PDF format only) and e-mail to: lat@loyalist.ca
 - b) Upload (PDF format only) to www.loyalist.ca/transit
 - c) Mail/deliver to: Loyalist Township, 263 Main St, Box 70, Odessa, ON K0H 2H0.

Please note:

- Any fees charged by your Healthcare Professional for completion of the forms are the responsibility of the applicant. **Your Healthcare Professional cannot guarantee eligibility.**
- Only applications with both Parts A & B fully completed will be considered for approval. illegible applications (including Part B: Healthcare Professional Certification) will not be processed and will be returned to the applicant.

- Applicants may be required to attend an “Eligibility Assessment” at Loyalist Township’s office. There is no cost for the assessment, and free transportation is provided. Should an applicant require an assessment, Loyalist Township will contact the applicant for scheduling. Loyalist Township is not responsible for any delays to determining an applicant’s eligibility if they are unable to attend the assessment. If you use mobility aid(s), please bring the aid you will be using for the majority of your trips to the assessment. Refusal to attend an assessment will result in the application being declined.

Registration may take up to 14 days upon Loyalist Township receiving the fully completed application package, and the applicant attending the Eligibility assessment (if required). All applicants will be contacted via letter regarding the determination of their eligibility. Successful applicants will be required to provide a passport style photo for their Accessible Transit pass.

Appeal process:

Applicants who are declined due to not meeting the eligibility requirements may appeal this decision. The applicant must submit an “Eligibility Appeal Form” within 30 calendar days from the date of the original eligibility decision letter. Contact Loyalist Township to obtain the form.

The appeal will be heard first by a subcommittee of Loyalist Township’s Senior Management team. Should the appeal be declined by the subcommittee, the applicant may request a further appeal to an independent arbiter appointed by Loyalist Township. No subsequent application may be filed until 6 months after the date of the final appeal decision unless evidence of material change in circumstances is provided with a new application.

Travel Status: Independent / Care to Care / Cannot travel alone:

All passengers are assigned one of the following travel conditions:

- a. Independent – The passenger is capable of travelling independently and may be left unattended at their destination.
- b. Care to Care - The passenger may travel independently but a caregiver must be at the destination to receive the passenger. If the passenger can travel unattended, however cannot be left unattended at their destination please indicate on page 14 and/or 20 of the application form. This designation will apply to all trips and destinations you travel to. To avoid delays to our service, we require the caregiver to be at the destination when the vehicle arrives. If someone is not available to receive you, Loyalist Township Accessible Transportation reserves the right to require the passenger to travel with a support person at all times.

- c. Cannot Travel Alone – Loyalist Township Accessible Transportation is not an attendant care service. If you require a “support person” during transportation to assist with communication, mobility, personal care, behaviour, or medical needs, this person must be provided by you. KATC drivers cannot provide special medical assistance to passengers (e.g., feeding tubes, administering medication such as inhalers). See pages 13 & 18 of the application package.

Please note:

- The person travelling as a support person must always be capable of meeting the needs of the passenger during transportation.
- If you or your healthcare practitioner indicates that you need a support person, this will apply to all trips and destinations you travel to/from. Transportation will be denied if you do not have a support person responsible for your care during transit. Loyalist Township Accessible Transportation is not responsible for any missed trips due to passengers not having a support person to travel with them.

Fares for companions/support persons:

Passengers may have one companion OR support person travel for free. Multiple companions may be accommodated in an accessible van, up to the manufacturer’s rated capacity of the vehicle, where a seatbelt for each occupant is available. At the time of booking, inform of the number of persons travelling with you. **While a companion is permitted, the primary purpose of any travel is to accommodate the need of the registered participant only.**

For passengers who are “independent” or “care to care” please inform at the time of booking if a companion or support person will be going with you.

Passengers who document having seizures may be required to travel with a support person. Once a passenger is registered as “care to care” or “cannot travel alone” these designations can only be modified by a Healthcare Professional. Please contact Loyalist Township to obtain a copy of the required form to be completed by a Healthcare Professional.

Categories of eligibility:

Accessible Loyalist Link Transportation offers three categories of eligibility consistent with the *Integrated Accessibility Standards Regulation (IASR O. Reg 191/11)* and the *Accessibility for Ontarians with Disabilities Act (AODA) 2005*.

- a. Unconditional Eligibility – Applicant has a disability which prevents them from using Kingston Transit services on a permanent basis.
- b. Temporary Eligibility – Applicant has a temporary disability (e.g., broken leg) that

prevents them from using Kingston Transit services for a defined period.

- c. Conditional Eligibility – Applicant has a disability where environmental or physical barriers limit their ability to consistently use Kingston Transit services. An applicant who qualifies for conditional eligibility may be able to use conventional transit for part of their trip, but may also qualify for specialized transit under specific circumstances (e.g., winter weather conditions, travel to a non-accessible location).

Video Surveillance:

Some (but not all) KATC vehicles are equipped with video cameras which include audio. Cameras are to enhance the protection and safety of employees, passengers, vehicles, and the general public; and assist in the investigation and resolution of passenger/general public/driver complaints. The camera system cannot be viewed in real-time. The video is stored on a secure on-board Digital Video Recorder hard drive and can only be accessed by authorized KATC personnel. The information is collected under the legal authority of the Municipal Freedom of Information and Protection of Privacy Act. If you have any questions regarding the collection, use, and disclosure of the video surveillance footage, please contact info@katc.ca

Phone Recordings:

KATC audibly records all inbound/outbound calls. Recordings will be used for but not limited to confirming booking accuracy; information provided to/received from callers such as trip times and pick-up/drop off destinations; and general information provided to or from callers.

Other information

Note: Accessible Loyalist Link Transportation reserves the right to amend all policies.

- Once registered, passengers who are inactive (i.e., do not use the service) for 3 years may have their registration cancelled and be required to reapply.
- All registered passengers must pay a fare (\$3.50 as of April 1, 2025) for each individual trip.
- Once registered, passengers may book trips up to 60 days prior to the day of the trip. Same day service can also be accommodated, provided there is remaining availability. All trips are on a first come, first-serve basis, based on availability.
- While we endeavour to accommodate all trips, there may be times where we will not be able to meet your requests. KATC does maintain a wait list in the event an opening becomes available.
- If you have a specific appointment time at your destination, please make us aware at the

time of booking so this can be factored into your pick-up time.

- We encourage passengers travelling to locations with multiple entrances to advise at the time of booking, the exact drop-off/pick-up location at a destination.
- To accommodate as many trips as possible, passengers need to provide as much notice as possible when cancelling a trip so that we may attempt to accommodate other passengers. Excessive cancellations with less than 24-hour notice and/or failing to show for a scheduled booking may result in progressive actions up to and including limitations on booking privileges.
- Passengers are to be ready 5 minutes before their booked pick-up time. Drivers may arrive within a "window" of 5 minutes BEFORE or AFTER your booked pick-up time. To ensure other passengers are not inconvenienced, drivers are not required to wait more than 15 minutes for passengers provided they arrive within the "window" time.
- Accessible Loyalist Link Transportation reserves the right to require ambulatory passengers who are unsteady or cannot ambulate to/from the vehicle in reasonable time to use a wheelchair for transportation. The passenger is responsible for providing a wheelchair to use.
- Drivers will aid passengers entering and exiting the vehicle. Passengers are to be ready at the exterior door with coats, boots, etc. already on.

Other information continued:

- It is the responsibility of the passenger to ensure that laneways, driveways, ramps, etc. of residences (including multi-residence apartment units) are maintained in safe condition and clear of snow/ice. Failure to do so may result in transportation being denied.
- KATC drivers may assist passengers with carrying personal items to/from or on/off the accessible vehicle, if requested. (i.e., luggage, parcels, groceries) Any fees applicable to this service is the responsibility of the passenger.
- Passengers travelling with a service animal or domestic pet must advise at the time of booking. Domestic pets are permitted and must be leashed or in a carrier.
- **Verbal abuse, physical abuse, or unacceptable behaviour on the part of passengers, those travelling with passengers, or those responsible for passengers, towards KATC employee (including drivers and office staff) will not be tolerated and may result in suspension of registration and police being notified.**
- More information about Loyalist Township Accessible Transportation can be obtained via:
 - www.loyalist.ca/transit;
 - Call our office 613-386-7351, ext 116; or e-mail lat@loyalist.ca

| | | | | | | | | | | | | |
|--|---------------------------------|--|--|--|--|--|------|--|--|--|---|---|
| PART A: APPLICANT INFORMATION | OFFICE USE ONLY (Vers. 2023-07) | | | | | | | | | | | |
| | REGISTRATION # | | | | | | Date | | | | | |
| | | | | | | | | | | | 2 | 0 |

Pages 1-6 of this registration package contain information about Accessible Loyalist Link Transportation including the registration process, and important operational policies and procedures. By submitting this application form (including applications completed by a 3rd party on behalf of the applicant) the applicant is agreeing to all terms and conditions of the use of Accessible Loyalist Link Transportation. If you are completing this application on behalf of an applicant, we suggest you provide pages 1-7 of this package to them or their caregiver.

Registration may take up to 14 days upon Loyalist Township receiving the fully completed application package, and the applicant attending the Eligibility assessment (if required).

| | | | | | | | | | | | | | | | | | |
|---|--|--|---|--|--|--|---|--|--|--|--|--|---|--------|--|--|--|
| TO BE COMPLETED BY THE APPLICANT OR A PERSON ACTING ON BEHALF OF THE APPLICANT | | | | | | | | | | | | | | | | | |
| <div> <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Mx. </div> | | | | | | | | | | | | | | | | | |
| Last name of applicant | | | | | | | | | | First name of applicant | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| Address of applicant | | | | | | | | | | | | | | Apt. # | | | |
| | | | | | | | | | | | | | | | | | |
| City | | | | | | | | | | Postal code | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| Home phone number | | | | | | | | | | Work /Cell phone number | | | | | | | |
| | | | - | | | | - | | | | | | - | | | | |
| Date of birth (day/month/year) | | | | | | | | | | Floor #/Name (if in Long-term care/Hospital) | | | | | | | |
| | | | - | | | | - | | | | | | | | | | |
| E-mail address | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |

If the applicant’s mailing address differs from the above, please write the mailing address in “Question 7”. We require a mailing address to send the applicant their initial registration package.

[] Loyalist Website [] Healthcare Practitioner provided [] Loyalist provided (e-mail/mail/office pick-up)

[] Other: _____

If you would like to add more emergency contacts, please record the name and contact information on question 7.

Who should Loyalist Township contact if more information is needed, or to arrange the functional assessment (if required), or to communicate that the application has been approved/declined?

☐ The applicant ☐ The Emergency Contact

☐ The person who completed the application (if different than applicant/emergency contact)

☐ Yes ☐ No ☐ Unsure

If you are already registered with another specialized transit operator in another municipality, please provide the municipality/name of the operator and your passenger identification number (if known):

Municipality/Name of specialized transit operator

PIN (if known)

1a. Please identify any disability/medical conditions which prevent you from travelling on conventional transit (i.e.Loyalist Link). The more information you provide us assists us in determining your eligibility.

| Disability/ Medical Conditions(s) | Always affects my ability | Sometimes affects my ability | Explain in detail how and why these disabilities/medical conditions affect your ability to travel on conventional transit. |
|--------------------------------------|------------------------------------|------------------------------------|--|
| Physical | [] | [] | |
| | | | |
| | | | |
| | | | |
| Sensory (e.g. sight, hearing) | [] | [] | |
| | | | |
| | | | |
| | | | |
| Cognitive | [] | [] | |
| | | | |
| | | | |
| | | | |
| Other (please see below note) | [] | [] | |
| | | | |
| | | | |
| | | | |

Note: As per page 1 of this application: age, financial need (including inability to afford taxis, qualifying for ODSP), Loyalist Link not operating in area (including rural areas), lack of sidewalks, inability to drive, and unwillingness or reluctance to use Loyalist Link, are not considerations for specialized transit eligibility.

1b. Are your disabilities/medical conditions permanent?

☐ Yes ☐ No If not permanent, when do you require service to start:

☐ Immediately ☐ At a later date (i.e., following surgery) Start date required: _____

If not permanent, how long will you require the service for: _____ Estimated # of Months.

1c. When was the last time you travelled on Loyalist Link?

☐ Never ☐ _____ (please enter as month/year)

2a. Please identify which mobility aids/devices you use and indicate if the aid/device is your main aid/device that would be used during transportation or occasionally used during transportation.

| | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> No aid/device used | | |
| <input type="checkbox"/> Manual Wheelchair (see notes i & ii below) | <input type="checkbox"/> Main device | <input type="checkbox"/> Occasionally used |
| <input type="checkbox"/> Power Wheelchair (see notes i & ii below) | <input type="checkbox"/> Main device | <input type="checkbox"/> Occasionally used |
| <input type="checkbox"/> Walker (see notes i & ii below) | <input type="checkbox"/> Main device | <input type="checkbox"/> Occasionally used |
| <input type="checkbox"/> 3 or 4-Wheel scooter (see note i, ii, and iii below) | <input type="checkbox"/> Main device | <input type="checkbox"/> Occasionally used |
| <input type="checkbox"/> Cane/Crutches/White/long cane | <input type="checkbox"/> Main device | <input type="checkbox"/> Occasionally used |
| <input type="checkbox"/> Oxygen (see note iv below) | <input type="checkbox"/> All the time | <input type="checkbox"/> Occasionally used |
| <input type="checkbox"/> Service animal (contact KAB for registration form) | <input type="checkbox"/> All the time | <input type="checkbox"/> Occasionally used |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> All the time | <input type="checkbox"/> Occasionally used |

2b. Mobility devices must completely fit within 762mm (30 inches) or 838mm (33 inches). Is the mobility device less than 3838 mm (33 inches)? ☐ Yes ☐ No

- i. All mobility aids must be kept clean, hygienic, and in good repair or they will not be transported. All wheelchairs, scooters, and walkers must have functioning brakes. It is strongly recommended that all wheelchairs have lap belts and footrests. Wheelchair passengers must be transported no more than a 30- degree angle from neutral upright (note: drivers do not adjust mobility devices for transportation). Passengers must be transported in an upright seated position. KATC reserves the right to require such for passengers should a safety issue be identified.
- ii. Mobility aids which cannot be properly secured will not be transported. Bags, parcels, etc. on mobility aids must not interfere with or limit the driver's ability to apply the securement system. Wheelchairs with trays may prevent the vehicles lap belt from being applied properly.
- iii. 3-wheel scooter passengers – MUST transfer to a regular seat during transit.
4-wheel scooter passengers - STRONGLY RECOMMENDED to transfer to a regular seat during transit. KATC reserves the right to require a passenger transfer to a seat if it is deemed the 4-wheel scooter is unsafe to transport with the passenger on it.

iv. Oxygen containers must meet Transport Canada guidelines and must be capable of being secured. Loyalist Township Accessible Transportation is not 'medical transportation'. Medical equipment must be: designed to be portable, easily loaded, capable of being secured for transportation, and not be of delicate/sensitive nature.

It is the responsibility of passengers who utilize multiple types of mobility aids (e.g. wheelchairs for some trips, walker or no device for others) to inform KATC of which type of mobility aid they will be using for their trip when booking as this may impact which vehicle is dispatched for transportation. KATC is not responsible for unaccommodated trips due to the passenger not informing at the time of trip booking which mobility device they will be utilizing.

3a. Are you physically able to walk 175 metres in normal weather conditions (575 feet)?

☐ Yes ☐ Yes if I have a support person with me ☐ No

3b. If you answered “yes” or “yes if I have a support person with me” to question 3a: Do seasonal weather conditions such as snow/ice or extreme heat prevent you physically from walking 175 metres (575 feet)?

☐ Yes ☐ No

3c. Can you safely wait at a Loyalist Link conventional bus stop if there is shelter and seating?

☐ Yes ☐ No

If no: please explain: _____

3d. Are you legally blind (visual acuity of 20/200 at best and/or a visual field of less than 20 degrees)?

☐ Yes ☐ No

3e. Do your disabilities/medical conditions prevent you from:

- **Reading and/or understanding signage, such as at a bus stop?**
☐ Yes ☐ No ☐ Sometimes
- **Hearing and/or understanding audio instructions?**
☐ Yes ☐ No ☐ Sometimes

3g. Do you have a history of falls due to disabilities/medical conditions?

☐ Yes ☐ No ☐ N/A (uses mobility device)

4a. Can you independently address any personal special medical needs that may arise during transportation (e.g. medical tubes, administering medications such as inhalers, etc)? As per page 3, passengers who document having seizures may be required to travel with a support person.

☐ Yes ☐ No

- If you answered “no”, a support person is mandatory.
- It is the responsibility of the passenger to arrange a support person. The support person must be capable of meeting the needs of the passenger during transportation.

See page 3 for more information: Please note:

☐ Yes I will require a support person. Service will only be provided when a support person is travelling with you. This will apply to all destinations you travel to.

☐ No I do not require support person travelling with me all the time. Note: If you occasionally require assistance, it is you or your designates responsibility to inform when making a trip booking of a companion travelling for the trip.

4b. Will you require a support person to accompany you for communication, personal care, mobility, or medical needs? ☐ Yes ☐ No

4c. If you answered “no” to question 4b: Once at your destination, can you safely be left unattended on your own, and are capable of independent mobility inside of your destination?

Please note:

- KATC drivers will assist passengers with entering and exiting the vehicle safely.
- Passengers who cannot be left alone are designated as “care to care” and must be met by a person responsible for the passenger at the destination. This designation will apply to all destinations to which the passenger travels.
- It is mandatory for passengers who cannot be left alone at their destination to provide an emergency contact on page 8

☐ Yes I can be safely left on my own at my destination. This will apply to all destinations travelled to.

☐ No I cannot be left unattended at my destination, and must be met by a responsible person at the destination. This will apply to all destinations travelled to.

5. Does your residence exterior entrance have the following: ☐ Ramp ☐ Steps If so, how many:

Drivers will assist passengers in manual wheelchairs up/down steps or ramps provided doing so can be done safely & without risk of injury. Drivers will assist with motorized lifts at the destination.

6. If approved for Accessible Loyalist Link Transportation, when do you require the service? (check one)

☐ All year ☐ Summer only ☐ Winter only

7. Please provide any other information you believe will be helpful to us in determining your eligibility and providing safe and efficient transportation for you. Please note: See page 1 of this application for information on qualifications for specialized transit services.

APPLICANT OR DESIGNATE SIGNATURE:

By signing below, the applicant and/or the person acting on behalf of the applicant:

- Certify that the information provided in this application is true and correct and understand that misinformation or misrepresentation of the facts will be cause for disqualification or rejection of eligibility.
- Understand and hereby consent that Accessible Loyalist Link Transportation may contact the healthcare professional completing Part B if additional information relating to the applicant’s disabilities or medical conditions is required to determine or if clarification is required.
- Is aware that any changes to the applicant’s disability(ies)/medical conditions, assistive devices, personal information (e.g. address), or if service is no longer required must be communicated to Loyalist Township

The personal information on this form is collected under the authority of the Municipal Act S.O. 2001, c.25 and Loyalist Township By-Law 2023-038. The information will be used for the purpose of administering accessible transit passes. Questions about the collection of personal information should be directed to Jesse Gawley, Technical Supervisor at 613-386-7351, ext. 180.

| | |
|--|------|
| | |
| Signature of applicant or person completing on behalf of applicant | Date |

Reminder: Once registered, passengers who are inactive (i.e. do not use the service) for 3 years may have their registration cancelled and be required to reapply.

Before submitting this application: Please ensure you have fully completed Part A: Applicant Information and your Healthcare Professional has fully completed Part B: Healthcare Professional Certification. We recommend that you make a copy of the entire application for your records in the event the original is not received by Loyalist Township. If you have completed the application on behalf of the applicant we recommend providing them with a copy of the application.

Upon approval of this application, Accessible Loyalist Link Transportation will require a passport style photo for your transit badge.

Vers. 2023-07

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Name of patient this form is being completed on behalf of: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Approximately how long has this patient been under your care? ____Years _Months

1a. Please describe in detail the nature and severity of the disabilities/medical conditions which prevent the applicant from using conventional fixed-route transit services (i.e. Loyalist Link). The more information you provide assists us in determining eligibility. Eligibility is not based on: age, financial need, Loyalist Link not operating in area (including rural areas), lack of sidewalks, inability to drive, and unwillingness or reluctance to use Loyalist Link.

| Disability/Medical Conditions: | Permanen t | Temporary (Duration) | Episodic/ Sporadic | Frequency |
|--|---------------|-------------------------|-----------------------|-----------|
| Physical - Specify: | [] | [] ____months | [] | |
| Sensory - Specify: | [] | [] ____months | [] | |
| Cognitive - Specify: | [] | [] ____months | [] | |
| Other - Specify: | [] | [] ____months | [] | |
| No Disability/Medical Conditions which prevent use of conventional transit. | [] | | | |

1b. Identify and explain the impact of the applicant's disability(ies)/medical condition(s) on their ability to travel independently on conventional transit (i.e. Loyalist Link).

| Impact | Explain |
|------------------------------------|---------|
| <input type="checkbox"/> Mild | |
| | |
| <input type="checkbox"/> Moderate | |
| | |
| <input type="checkbox"/> Severe | |
| | |
| <input type="checkbox"/> No Impact | |
| | |

1c. Is the application based on a future need (i.e. following surgery)?

☐ Yes If yes, estimated date of surgery: _____ ☐ No

2. Please identify which mobility aids/devices the applicant uses and indicate if the aid/device is their main aid that would be used during transportation or occasionally used during transportation.

| | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> No aid/device used | | |
| <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Main | <input type="checkbox"/> Occasionally used |
| <input type="checkbox"/> Power Wheelchair | <input type="checkbox"/> Main | <input type="checkbox"/> Occasionally used |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Main | <input type="checkbox"/> Occasionally used |
| <input type="checkbox"/> 3- or 4-Wheel scooter (see * below) | <input type="checkbox"/> Main | <input type="checkbox"/> Occasionally used |
| <input type="checkbox"/> Cane / Crutches or White / Long Cane | <input type="checkbox"/> Main | <input type="checkbox"/> Occasionally used |
| <input type="checkbox"/> Oxygen | <input type="checkbox"/> All the time | <input type="checkbox"/> Occasionally used |
| <input type="checkbox"/> Service animal | <input type="checkbox"/> All the time | <input type="checkbox"/> Occasionally used |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> All the time | <input type="checkbox"/> Occasionally used |

*** All 3-wheels scooter passengers MUST transfer to regular seat during transit. They must be able to do so independently with minimal assistance from the driver. It is STRONGLY RECOMMENDED that all 4-wheel scooter passengers transfer to a regular seat during transit. They must be able to do so independently with minimal assistance from the driver.**

3a. Is the applicant physically able to walk 175 metres (575 feet)?

☐ Yes ☐ Yes if they have a support person with them ☐ No

3b. If you answered “yes” or “yes if they have a support person with them” to question 3a: Do seasonal weather conditions such as snow/ice or extreme heat prevent the applicant from physically walking 175 metres (575 feet)? ☐ Yes ☐ No

3c. Does the applicant have a history of falls due to disabilities/medical conditions?

☐ Yes ☐ No ☐ N/A (uses mobility device)

3d. Can the applicant safely wait at a Loyalist Link conventional bus stop if there is shelter and seating?

☐ Yes ☐ No

3e. Is the applicant legally blind (visual acuity of 20/200 at best and/or a visual field of less than 20 degrees)? ☐ Yes ☐ No

3f. Do the applicant’s disabilities/medical conditions prevent them from:

- **Reading and/or understanding signage, such as at a bus stop.**

☐ Yes ☐ No ☐ Sometimes

- **Hearing and/or understanding audio instructions?**

☐ Yes ☐ No ☐ Sometimes

4a. Can the applicant independently address any personal special medical needs that may arise during transportation (e.g. medical tubes, administering medications such as inhalers, etc)? Passengers who document having seizures may be required to travel with a support person.

☐ Yes ☐ No

Please note: If you answered “no”, a support person is mandatory for the applicant.

4b. Does the applicant require a support person for communication, personal care, mobility, or medical needs to accompany them on the bus?

☐ Yes the applicant will require a support person at all times.

Service will only be provided when a support person capable of meeting their needs during transportation is travelling with them. This will apply to all destinations to which the applicant travels.

If the applicant requires a support person this is due to (check all that apply):

☐ Physical disability ☐ Cognitive Disability ☐ Sensory Disability ☐ Medical needs/Seizures
☐ Behavioral issues ☐ Wandering Risk ☐ Other:_____

☐ No the applicant does not require support person travelling with them all the time. Note: If the applicant occasionally requires assistance it is the responsibility of the applicant or a person responsible for them to book a support person for those trips requiring assistance.

4c. If you answered “no” to question 4b:

Once at their destination, can the applicant safely be left unattended on their own? Please note: KATC drivers assist passengers with safely entering and exiting the vehicle. Passengers who cannot be left alone at the destination are designated as “care to care” and must be met by a responsible person at the destination. This will apply to all destinations to which the applicant travels.

☐ Yes the applicant can be safely left on their own at their destination. This will apply to all destinations to which the applicant travels.

☐ No the applicant cannot be left unattended at their destination, and must be met by a person responsible for their care at the destination. This will apply to all destinations to which the applicant travels.

5. Is there anything else we should know about the applicant’s disability(ies)/medical condition(s)?

6. It is my professional opinion that the applicant requires specialized transit due to their disability(ies)/medical condition(s):

- ☐ On a permanent basis ☐ Temporarily -Est. # of months needing service:_____
- ☐ In winter conditions (permanently) ☐ In summer conditions (permanently)
- ☐ The applicant does not require specialized transit services

I hereby certify that Part B has been completed by myself (not the applicant) and the information provided is accurate and complete to the best of my knowledge.

| | |
|---|------|
| | |
| Signature of Healthcare Professional Completing This Form | Date |

The personal information on this form is collected under the authority of the Municipal Act S.O. 2001, c.25 and Loyalist Township By-Law 2023-038. The information will be used for the purpose of administering accessible transit passes. Questions about the collection of personal information should be directed to Jesse Gawley, Technical Supervisor at 613-386-7351, ext. 180.