
handyDART Program

Application for Custom Transit Service

If you have a disability that prevents you from using transit buses some or all of the time, you may be eligible for door-to-door custom transit services.

To avoid delay in processing your application, please complete all sections of the following form. Our staff will contact you to discuss your application and assist you regarding your travel options.

BC Transit and its agents hold all information in confidence.

Pursuant to Section 27(2) of the Freedom of Information and Protection of Privacy Act, information provided in this form is solely for the use of BC Transit and its agents in determining eligibility for Custom Transit Programs as authorized in the BC Transit Act.

If you have questions, please call 250-787-9262 and ask for Client Registration.

If your application for handyDART is denied, you may appeal this decision. Please call 250-787-7433 for more information.

Part 1: Contact Information

PLEASE PRINT

Contact Information and Permanent Address

Last Name First Name Initial

Address Suite # Buzzer #

City Province Postal Code

Home Phone Cell Phone

Email

Date of Birth _____ / _____ / _____ Male Female
MONTH DAY YEAR

In case of an emergency, please contact:

Last Name First Name Relationship

Daytime Phone Evening Phone

Can you be left alone at your residence? Yes No, please explain below:

NOTE: Your emergency contact will be called if someone is not available to receive you at home.

Mail will be sent to your permanent address, listed above. If your mailing address is different from your permanent address, please complete the following:

Last Name First Name

Address Suite #

City Province Postal Code

Part 2: Disability Information

1. What disability prevents you from using the regular transit bus?

2. Does your disability include any of the following cognitive and/or physical mobility issues? (check all that apply and indicate any other factor you feel should be noted)

- | | |
|--|-----------------------|
| Unable to walk three city blocks | <input type="radio"/> |
| Unable to walk up and down steps | <input type="radio"/> |
| Unable to stand for 15 minutes | <input type="radio"/> |
| Unable to travel on buses due to fatigue | <input type="radio"/> |
| Unable to sit or rise unassisted | <input type="radio"/> |
| Have shortness of breath due to exertion | <input type="radio"/> |
| Unable to see signs or notices | <input type="radio"/> |
| Unable to plan a trip and travel alone outside home | <input type="radio"/> |
| Unable to travel unassisted due to confusion, or cognitive or organizational limitations | <input type="radio"/> |

Other: _____

3. Is your mobility: Permanent (life long)

Temporary until: _____ / _____ / _____ (can be extended)
MONTH DAY YEAR

4. Do you use any of the following to help you get around? Check all that apply:

- | | | |
|--|--|--|
| <input type="radio"/> Power wheelchair | <input type="radio"/> Manual wheelchair | <input type="radio"/> Cane – includes white cane |
| <input type="radio"/> Crutches | <input type="radio"/> Prosthetic/orthotic device | <input type="radio"/> Walker (non-folding) |
| <input type="radio"/> 3-wheel scooter | <input type="radio"/> 4-wheel scooter | <input type="radio"/> Oxygen tank |
| <input type="radio"/> Certified service animal | Other: _____ | |

5. Do you require a personal attendant? Yes No

6. Do you use the regular bus for some of your trips?

Yes. Days/month: _____ No, because: _____

7. Could you benefit from Community Travel Training which could enable you to use regular transit buses some of the time? Yes No

Part 3: Certification

I hereby declare that I have a disability that is sufficiently severe that I am unable without assistance to use transit buses some or all of the time, in accordance with Section 11, BC Transit Regulation 30/91, pursuant to the BC Transit Act. I consent to the disclosure of personal information (including medical information) by a medical practitioner, to BC Transit or its agents for the purpose of determining my eligibility for the custom transit service. I will advise BC Transit or its agents of any changes to my mobility needs. I understand that BC Transit has the right to review my application from time to time and can revoke my registration if they determine that I am no longer eligible for custom transit service.

Last Name (Please print)

First Name (Please print)

Signature of Applicant or Representative

Date

BC Transit can obtain my mobility information from one of the following (check one only):

- Physician Occupational Therapist Physiotherapist
 Registered Nurse Social Worker Long-term Case Manager

Please provide the information for the contact you selected above.

Name

Phone

Please send completed application to: Fort St. John Association for Community Living
10251-100th Avenue, Fort St. John, BC V1J 1Y8

Advocate or spokesperson completing form for applicant. (Please check one)

- I certify that the information provided in this application is true and correct, based upon information given to me by the applicant.
- I certify that the information provided in this application is true and correct, based upon a designated service agency assessment of the applicant's health condition or disability, which restricts their use of regular transit service.*

Facility/Program

Phone

Mailing Address

Last Name

First Name

Title

Signature

Date

* Designated agencies/representatives include: CNIB, Intermediate or Extended Care Facility Case Manager, Dementia/Geriatric Program Case Managers, Mental Health Case Managers, Community Living Program Social Workers.