

Application # \_\_\_\_\_

**Terrace Regional Transit - handyDART**  
**Eligibility for handyDART**

**NOTE: ALL INFORMATION THAT YOU PROVIDE WILL BE HELD IN STRICT CONFIDENCE  
BY TERRACE REGIONAL handyDART.**

If you have a disability which prevents you from using accessible fixed route transit service some or all of the time, you may be eligible for the Terrace Regional Transit System's door to door handyDART service. This service is available to you, to aid in expanding your ability to maintain independence and travel in the community.

To avoid delay in processing your application, please complete the following form. After we have received your completed form our handyDART staff will contact you to discuss your application and assist you regarding your handyDART and/or other travel options.

It is important that all parts of this application are completed. Incomplete forms may delay processing your application.

If you have any questions, please call **635-2666**.

**Part 1 - General Information**

**PLEASE PRINT**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_  
Address \_\_\_\_\_ Apt. # \_\_\_\_\_  
City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
Telephone \_\_\_\_\_  
Date of Birth month/day/year \_\_\_\_/\_\_\_\_/\_\_\_\_ Female Male

IF A SPOKESPERSON OR ADVOCATE IS APPLYING FOR YOU PLEASE HAVE THEM PROVIDE

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

Please provide the following information which may be necessary for handyDART:

Medical/Therapist \_\_\_\_\_ Telephone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Can you be left alone at your residence? YES  NO

**NOTE:** If no, the person you have identified as the emergency contact will be called in the event no one is available to receive you at your residence or in the event of an emergency.

## Part 2 - Disability Information

1. What is your disability that prevents you from using the regular bus? (check all that apply)

- |                                 |                          |                                 |                          |
|---------------------------------|--------------------------|---------------------------------|--------------------------|
| None                            | <input type="checkbox"/> | Bone/Joint                      | <input type="checkbox"/> |
| Brain/Nerves/Muscle             | <input type="checkbox"/> | Development or Mental Condition | <input type="checkbox"/> |
| Respiratory Condition           | <input type="checkbox"/> | Heart/Circulatory Condition     | <input type="checkbox"/> |
| Vision/Hearing/Speech Condition | <input type="checkbox"/> | Other                           | <input type="checkbox"/> |

Please describe your disability in detail. \_\_\_\_\_

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2. Please explain how your disability prevents you from using regular buses. \_\_\_\_\_

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3. Is your disability

Permanent (life long) Yes  No

Episodic (Please explain) \_\_\_\_\_

Temporary until: \_\_\_\_\_

4. Do you use any of the following to help you get where you need to go? (please check all that apply)

- |                   |                          |                  |                          |
|-------------------|--------------------------|------------------|--------------------------|
| none              | <input type="checkbox"/> | power wheelchair | <input type="checkbox"/> |
| crutches          | <input type="checkbox"/> | scooter          | <input type="checkbox"/> |
| walker            | <input type="checkbox"/> | white cane       | <input type="checkbox"/> |
| manual wheelchair | <input type="checkbox"/> | service animal   | <input type="checkbox"/> |
| cane              | <input type="checkbox"/> | other            | _____                    |

5. Do you use the Terrace Regional Transit System's accessible fixed route service?

Yes  How many days per month

No  I don't ride because \_\_\_\_\_

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### **Part 3 - Applicant Signature**

I hereby declare that I have a disability that is sufficiently severe that I am unable without assistance to use the regular transit service. I consent to the disclosure of personal information (including medical information) by my medical practitioner, to the Terrace Regional Transit System Operator for the purpose of determining my eligibility for the handyDART service. I understand that the Operator has the right to review my application from time to time and can revoke my handyDART registration if they determine that I am no longer eligible for handyDART service. I understand and agree to advise handyDART without delay if, at a future date, I am able to use regular accessible transit service.

REMINDER: WE ARE REQUESTING INFORMATION ONLY. THE ACTUAL DETERMINATION OF ELIGIBILITY IS THE RESPONSIBILITY OF THIS OFFICE.

**SIGNATURE OF APPLICANT:**

\_\_\_\_\_

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

Please send completed application to:

**Terrace Regional  
handyDART  
4904 Highway 16 West  
Terrace, BC V8J 1L8**