

Medical Verification of Eligibility for handyDART Service

FORM
h4

 BC Transit Victoria Regional Transit System

The applicant for handyDART service supplied insufficient information to determine eligibility. The purpose of this form is to obtain additional information about the applicant's physical and/or cognitive functional ability to use regular bus service. The Registrar will use this information to assess the applicant's eligibility for handyDART.

All parts must be completely filled out and signed by a qualified health care or social services practitioner familiar with the applicant's mobility. A medical doctor, registered nurse, registered psychiatric nurse, occupational therapist, physical therapist, rehab practitioner or social worker can complete the form.

Clearly describe the applicant's ability or inability to use the regular bus.
An incomplete or unclear form will be returned.

Fees for completing this form are the applicant's responsibility.

Submitting a completed form does not guarantee eligibility.

Completed forms can be mailed to : Clerk Registrar
Farwest handyDART Services Inc
4206 Commerce Circle
Victoria BC V8Z 6N6

Fax form to 479-5660.

For more information contact the Clerk Registrar at 727-7811 and press 3.

Applicant's Name

SURNAME

FIRST NAME

INITIAL

1. What health or disability conditions prevent the applicant from using regular bus service?

2. How does this condition affect the applicant's ability in the following areas?

Please check each area as applicable.

Permanent

Temporary

Walking/mobility

If temporary, for how long?

Endurance

Vision

Explain:

Memory

Perceptual

Behaviours

Cognition

Personal safety

Other (specify)

3. Does the applicant's disability or health condition prevent (as opposed to make difficult) use of low floor buses? Yes No Sometimes

Explain.

4. When can the applicant use the bus? Explain.

5. Can the applicant: (Check appropriate answers and provide explanation below.)

- Make decisions about personal activities, care or finances
- Communicate or interact with others effectively
- Understand written and printed material
- Understand spoken word or auditory information
- Recognize landmarks
- Ask for directions
- Tell time
- Problem solve unexpected situations
- Safely cross the street
- Detect curbs and drop-offs
- See at night
- Walk up 3 steps (14 inches high) when handrails are available
- Walk down 3 steps (14 inches high) when handrails are available
- Walk as a pedestrian - max 3 blocks
- Walk as a pedestrian - max 2 blocks
- Walk as a pedestrian - max 1 blocks
- Wait at a bus stop while standing
- Wait at a bus stop while seated
- Plan a trip and travel alone outside the home
- Board a low floor bus (bus without steps) independently if the ramp is at curb level and handrails are available
- Stand on a bus while it is moving supported by a grab bar
- Travel on a bus when no transferring is required
- Travel in a bus when the bus stop is accessible
- Travel on the bus during non-rush hour traffic
- Travel on a bus with help (clarify from who. bus operator, friend, etc)
- Travel on the bus when the route is familiar
- Sit or rise unassisted from a seat

Explain.

6. Will the applicant require a mandatory attendant for behavioural or medical reasons when they are on the handyDART? Yes No

7. Can the applicant be left alone at their destination? Yes No

Can the applicant be left alone at home? Yes No

If no, explain.

8. Do you have any other comments to support the application?

9. Did you complete any assessment or examination in order to determine this applicant's functional ability to take the regular bus? Yes No Partial

10. Travel training is a free program to assist the applicant in determining if, and how, they can travel independently on the low floor buses. Based on your knowledge of the applicant would travel training be beneficial to this applicant?

Form completed by:

SURNAME

FIRST NAME

INITIAL

Signature and date:

Relationship to applicant:

Professional qualifications:

Phone:

How long have you (or your agency) been involved with the assessment of this person's health and disability condition?