

January 1990

APPLICATION FOR REGISTRATION

PETERBOROUGH HANDI-VAN SERVICE

1. This application supersedes all previous application forms and will come into effect on February 1, 1990.
2. All prior applications remain valid.
3. The new eligibility guideline for handi-van service as determined by the Province of Ontario is: "Intended for persons who are physically unable to:
 - a. Climb or descend steps used on conventional Public Transportation facilities, or
 - b. Walk a distance of 175 metres (575 feet)"
4. The guideline is based on functional mobility with a view to assist those individuals with the greatest needs within our community.
5. The form may be completed by any medical professional competent to judge mobility within the guideline. An explanation of the guideline is attached.
6. When completed, please mail to:
Handi-Van
190 Simcoe Street
Peterborough, Ontario.
K9H 2H7.
7. Van Info - 745-5801.

FUNCTIONAL APPROACH

The eligibility guideline refers to "functional mobility" whereby an individual's eligibility depends upon the ability to perform the specified functional tasks of climbing or descending steps used on conventional public transit facilities, or walking a distance of 175 metres.

The functional approach is used predominantly in special transit services in North America as opposed to a medical approach where an individual's eligibility hinges upon specified health problems or medical conditions. The functional approach to eligibility does not discriminate arbitrarily on the basis of medical health and avoids the problems associated with identifying specific conditions which in practice may have little or no bearing on mobility problems.

CLIMB OR DESCEND

The eligibility definition of unable to "climb or descend steps used on conventional public transit facilities" refers to physically disabled persons whose disability makes it impossible to board a regular transit vehicle, which involves climbing or descending three steps.

This can include individuals with readily visible disabilities involving the use of wheelchairs, walkers, braces or similar mobility aids. However, it can also include individuals with less visible disabilities such as severe cases of arthritis.

WALK 175 METRES

The eligibility guideline has been expanded to include those persons who are physically unable to walk a distance of 175 metres, which recognizes difficulties associated with reaching the transit stop. In applying the walking definition, only those for whom bus stop access is a severe barrier are to be considered eligible.

The use of 175 metres provides a common, transit relevant distance to be applied by municipalities, transit operators, passengers and health care professionals, and will facilitate reciprocity across Ontario. The distance of 175 metres is similar to the standard used in the Ontario Ministry of Health's Assistive Device Program, whereby ambulatory clients require assisted mobility if they cannot complete the subsequent activity they set out to do after walking a specific distance.

PLEASE PRINT OR TYPE

HANDI-VAN REGISTRATION

TO BE COMPLETED BY APPLICANT

NAME AND ADDRESS _____

PHONE NUMBER _____ POSTAL CODE _____

DATE _____

WHICH TYPES OF TRIPS WOULD YOU BE MAKING: CIRCLE Y - YES
N - NO

WORK _____ Y/N _____

EDUCATION _____ Y/N _____

MEDICAL _____ Y/N _____

SHOPPING _____ Y/N _____

RECREATION _____ Y/N _____

PROBABLE NUMBER OF TRIPS PER WEEK _____

APPLICANT'S SIGNATURE _____ DATE _____

OFFICE USE ONLY

DATE RECEIVED _____

REGISTRATION NO. _____

PERMANENT/TEMPORARY _____

REMARKS

Please Print or Type

TO BE COMPLETED BY MEDICAL PROFESSIONAL

TYPE OF DISABILITY:

PERMANENT _____ Y/N _____ TEMPORARY _____ Y/N _____

If yes, how long _____

WHICH ELIGIBILITY CRITERION DOES HE/SHE MEET:

ABLE TO CLIMB OR DESCEND STAIRS _____ Y/N _____

ABLE TO WALK A DISTANCE OF 175 METRES _____ Y/N _____

DOES HE/SHE REQUIRE AN ATTENDANT TO TRAVEL _____ Y/N _____

TYPE OF MOBILITY AID USED:

WHEELCHAIR _____

WALKER _____

CANE _____

OTHER _____

REMARKS

NAME _____

PHONE NUMBER _____

ADDRESS _____

POSTAL CODE _____

DATE _____ SIGNATURE _____