

Handi-Van Eligibility Application Package

Peterborough's door-to-door, shared ride, accessible public transit service for people with disabilities.



City of
Peterborough




Table of Contents

Introduction to the Handi-Van Service	3
Overview of the Conventional Service	3
Eligibility Criteria to use the Handi-Van Service	4
How to Apply	5
Application Review Process	5
Appeal Process	5
Confidentiality	5
Application Checklist	6
Section A1: Applicant Information	8
Section A2: Applicant Self-Assessment	9
Section A3: Support Person Application	11
Section A4: Applicant Certification	12
Section B1: Instructions for Health Care Professional	13
Section B2: Professional Assessment	14

Contact Us

Peterborough Handi-Van Service

190 Simcoe Street
Peterborough, Ontario
K9H 2H7
Phone: 705-745-5801
Fax: 705-742-3741

Website: www.peterborough.ca/transit
Email: transitoperations@peterborough.ca
 Twitter: [@PeterboroughTr1](https://twitter.com/PeterboroughTr1)

Customer Service & Reservation Hours

Monday to Friday
9:00 a.m. to 8:00 p.m.

Saturday, Sunday and Statutory Holidays
10:00 a.m. to 4:00 p.m.

Introduction to the Handi-Van Service

The **Handi-Van** Service is Peterborough's door-to-door, shared ride, accessible transit service. It is intended for people with disabilities who are unable to use the conventional transit service for all or part of a trip. You must meet specific eligibility criteria to use this service. The Handi-Van service only operates within the boundaries of the City of Peterborough.

Overview of the Conventional Service

[Conventional Transit Service is an accessible option]

Peterborough Transit's conventional transit service has many features that make it easy for people with various abilities to ride the bus. The conventional transit service operates on fixed routes and follows a fixed schedule using buses that are fully accessible for passengers with disabilities. As you fill out this application to be eligible for the **Handi-Van** Service, keep in mind you may be able to use the conventional service for at least some of your trips.

The conventional service includes:

- Vehicle operators who are trained on how to assist people with disabilities.
- Priority seating for people with disabilities.
- Low-floor buses: no steps and a ramp that can be deployed on request to make it easy to enter and exit a bus.
- Mobility aid (wheelchair or scooter) spaces with securement devices.
- Grab bars, non-slip flooring, full lighting, and accessible stop-request devices.
- Automatic pre-boarding announcements of the route and direction of travel
- Automatic announcements and a visual display system for upcoming bus stops.
- A program for support persons to ride free of charge, with a support person pass.
- Courtesy request bus stop locations, if the official stop along the route is not accessible.
- Travel training for customers who would like to learn how to use the conventional transit system for some or all of their trips (Based on Instructor scheduled time).

Eligibility Criteria to use the Handi-Van Service

Eligibility is restricted to residents of the City of Peterborough and is considered on a case-by-case basis. It's not based on a particular disability, age, income level or lack of availability of conventional transit in the applicant's area. Visitors can qualify for a Temporary term.

The **Handi-Van** service is not intended for those who find it inconvenient or more difficult to use conventional transit or for those who are reluctant or unwilling to use conventional transit for other reasons. The service is also not an attendant care service, a subsidized taxi service or an emergency medical service.

Eligibility for the **Handi-Van** Service is measured against a person's ability to use the conventional transit system.

Handi-Van Eligibility Categories:

UNCONDITIONAL

[eligible for all trips]

Applies to a person with a disability that prevents them from using conventional transit for all trips, regardless of weather, distance to the stop, time of day, etc.

CONDITIONAL

[eligible for some trips with barriers that limit ability to use conventional transit]

Applies to a person with a disability that prevents them from consistently using conventional transit due to certain conditions, such as physical or environmental barriers. The individual is reasonably expected to make some trips on the conventional service. On some days accessible conventional transit is possible, and on other days it is not.

TEMPORARY

[eligible for unconditional or conditional categories, for a limited time]

Applies to a person with a temporary disability that prevents them from using conventional transit for a limited time (example: surgery recovery). This person will be assessed every 6 months, to ensure the Handi-Van service is still required.

Notes:

1. A registered Handi-Van user will be reviewed for eligibility a minimum of every three (3) years.
2. Visitors to the City, who are registered for specialized transit service in the community they reside in, are also eligible to use the Handi-Van service in Peterborough on a temporary basis.

Handi-Van Eligibility Application Package

How to Apply

The application package must be completed and signed by you and your health care professional to avoid delays in processing. Any fees charged by your Health Care provider to fill out the application forms are the responsibility of the applicant. The completion of this application does not guarantee eligibility. Each applicant must fill out a separate application.

Return all completed documents to:

Peterborough Transit
Handi-Van Eligibility Review Committee
190 Simcoe Street
Peterborough, Ontario
K9H 2H7
or
fax: 705-742-3741

Application Review Process

Peterborough Transit will review the application and determine eligibility. You may be requested to provide additional information.

You will be notified when a decision has been made. If you have not been notified within 14 calendar days after submitting your application, please contact Peterborough Transit.

Appeal Process

Applicants who are denied eligibility to use the Handi-Van service may appeal the decision by submitting a request in writing, providing an explanation of their situation plus any additional information that may help in the determination of eligibility.

Confidentiality

All personal information on your application is collected pursuant to the Municipal Freedom of Information and Protection of Privacy Act and will be used solely for the purpose of responding to your application, and upon approval of your application registering and providing service to you as an eligible passenger. Questions about the collection of personal information should be directed to the City Clerk's Office at 705-742-7777.

Application Checklist

Sections with General Information:

- Understand Accessible Transit and the Handi-Van Eligibility Application Process**
 - Introduction to the Handi-Van Service
 - Overview of the Accessible Fixed Route Conventional Service
 - Eligibility Criteria to Use the Handi-Van Service
 - How To Apply
 - Application Review Process
 - Appeal Process
 - Confidentiality

Sections to be completed by the Applicant:

- Section A1 – Applicant Information:** Provide your contact and emergency information
- Section A2 – Applicant Self-Assessment:** Describe your ability
- Section A3 – Support Person Application:** Complete only if you require a support person
- Section A4 – Applicant Certification:** Certify the application information is correct

Sections to be completed by a Health Care Professional:

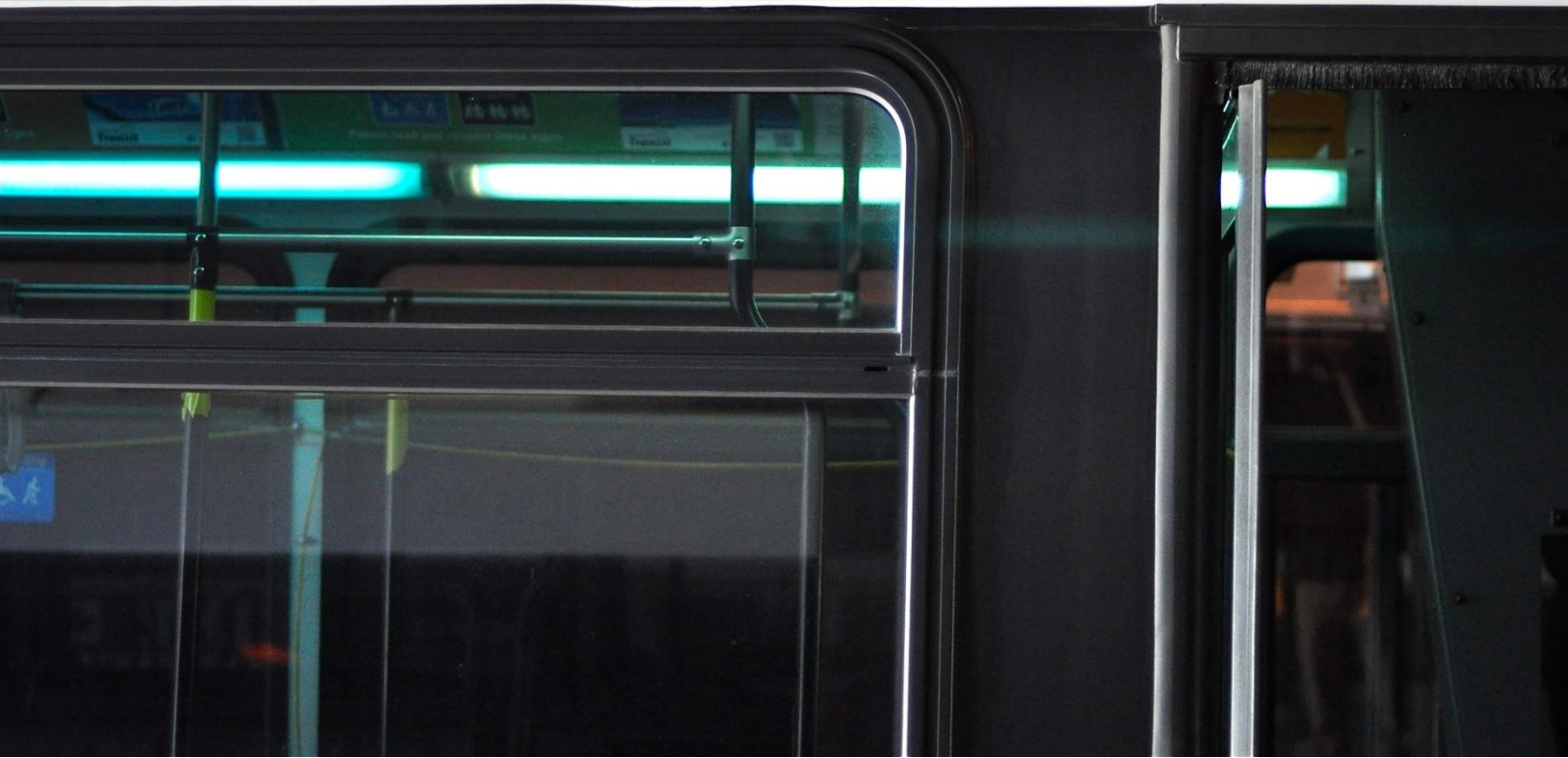
- Section B1 – Instructions for Health Care Professional**
- Section B2 – Professional Assessment:** Describe the applicant's ability and certify it



Peterborough



Transit



Return all completed documents to:

Peterborough Transit
190 Simcoe Street
Peterborough, Ontario
K9H 2H7
or
fax: 705-742-3741

Important Reminder:

Please make a photocopy of the entire completed application for your records in case the original application is not received by Peterborough Transit.

Handi-Van Eligibility Application Package



Completed by Applicant

Section A1: Applicant Information

Last Name											
First Name											
Middle Name											
Date of Birth					-			-			
	Y	Y	Y	Y		M	M		D	D	

Street Address						Apartment #					
City						Postal Code					

Select ONE phone number for notifications

Home Phone				-			-				Notify me using home phone #	
Work Phone				-			-				Notify me using work phone #	
Cell Phone				-			-				Notify me using cell phone #	
TTY Number				-			-				(Note: TTY = Teletypewriter)	
E-mail												

Note: The Handi-van reservation system uses an automated system to call passengers to remind them about their upcoming appointments. Please indicate which phone number you would like used for notifications.

Emergency Contact Information

In case of an emergency, please notify the people listed (for example - family, friend, neighbour, caregiver):

Name 1											
Relationship											
Telephone				-			-				

Name 2											
Relationship											
Telephone				-			-				

Handi-Van Eligibility Application Package



Completed by Applicant

Section A2: Applicant Self-Assessment

Instructions: Describe your ability to use conventional transit.

1. What best describes your ability to travel to or from a bus stop? (check all that apply)

I can get to and from a transit bus stop:

- On my own.
- If it is within an average City block of my starting point or destination.
- If I receive travel training for the stops I use.
- If the path is free of ice and snow.
- If I have assistance.
- Other (describe in space below):

2. What best describes your ability to get on and off a low floor bus that has no steps.

- I can usually independently get on and off a bus.
- I can get on and off a bus with the help of a support person.
- I can never independently get on and off a bus.

3. What best describes your ability to ride as a passenger on a conventional transit bus.

- I can usually independently ride on a bus.
- I can ride on a bus with the help of a support person.
- I can never independently ride on a bus.

4. Do seasonal weather conditions impact your ability to travel to or from a bus stop, and get on and off a low floor bus with no steps?

- YES - When sidewalks and roads are covered in snow or ice I cannot use conventional transit.
- YES - When sidewalks and roads are covered in snow or ice I require a support person to use conventional transit.
- NO - I can never use conventional transit.

5. What mobility aids or mobility assistive devices do you use, if applicable?

- Powered wheelchair
- Manual wheelchair
- Certified service animal
- Scooter
- Crutches
- Cane
- Braces
- Prosthetics
- White cane
- Walker
- Communication device
- Portable oxygen
- Other (describe in space below):

Handi-Van Eligibility Application Package



Completed by Applicant

Instructions: Describe any assistance you require to use specialized transit.

6. Do you require a support person (for communication, personal care, mobility, or medical needs) to accompany you on the bus?

- Yes
- No

Note: If Yes, please complete Section A3.

7. Once at your destination, are you capable of independent mobility inside your destination and can you safely be left unattended on your own?

- Yes, I can be safely left on my own at all destinations.
- No, I cannot be left unattended at my destination and must be met by a responsible person at all destinations I travel to.

8. Is there any other pertinent information that Peterborough Transit should be aware of?

Support Person Note: In order to travel independently on the Handi-Van, applicants must be able to look after their own medical needs during the trip. Applicants must also be able to recognize their destination, inform the driver if the drop off location is correct, and applicants must be able to independently get help if they were dropped off at the wrong location. If applicants are not able to do so, they will require their own support person when travelling on the Handi-Van. A support person cannot be a client registered with the Handi-Van service.

Applicants can apply for a Support Person Pass by filling out Section A3.



Completed by Applicant, if applicable

Section A3: Support Person Application

This Need for Support Person Application is used to obtain a Support Person Pass, valid on services provided by Peterborough Transit. Peterborough Transit does not charge a transit fare for a support person who accompanies a person with a disability to help with communication, mobility, personal care or medical needs or with access to goods, services or facilities.

To be eligible, a person with a disability must demonstrate the need for a support person by completing this application. The Support Person Pass is issued to the person with a disability, not the support person.

The City of Peterborough is committed to meeting the requirements of the Integrated Accessibility Standards (IAS) Regulation 191/11, made under the AODA.

1. Select the Type of Application (Permanent vs. Temporary)

Check the applicable need:

- Permanent Need
- Temporary Need (Support Person Pass needed for less than 1 year)

2. Why do you require a support person? (check all that apply)

I need a support person to help with:

- Access to goods, services or facilities
- Communication
- Mobility
- Personal care or medical needs
- Other (describe in space below):

Handi-Van Eligibility Application Package



Completed by Applicant

Section A4: Applicant Certification

I certify that to the best of my knowledge, the information provided in this application is correct. I authorize the health care professional named in Section B2 to provide information related to my disability. I consent to having Peterborough Transit discuss the contents of my application with the health care professional named in Section B2. I authorize the release of medical information to Peterborough Transit.

Name of Applicant											
Signature	X										
Date					-			-			
	Y	Y	Y	Y		M	M		D	D	



Completed by Guardian, if applicable

If you are not the applicant, but have completed this application on the applicant's behalf, you must complete the following information:

I certify that to the best of my knowledge, the information provided in this application is correct and that I have the authority to sign on behalf of this applicant.

Name of Guardian											
Address											
City											
Postal Code					-						
Daytime Phone					-				-		
Signature	X										
Date					-			-			
	Y	Y	Y	Y		M	M		D	D	

Section B1: Instructions for Health Care Professional

Introduction

You are being asked by the applicant named in Section A1 to provide information regarding their eligibility to use the Handi-Van service in Peterborough. The Handi-Van is a shared ride door-to-door public transit service for people with disabilities who are unable to use the accessible fixed route conventional transit service (large buses) for all or part of their trip.

A person who does not qualify for the Handi-Van service in the summer months may still be eligible for seasonal registration during the winter months.

Applicants whose medical conditions require specific transportation considerations (e.g. require medical assistance during trip, inability to remain on vehicle for up to 1 hour, or inability to be left on a vehicle unsupervised) may need a support person to accompany them during their trip or may need to contact a medical carrier for transportation.

The information you provide will allow us to evaluate the applicant's eligibility to use the Handi-Van service and to provide appropriate service. Thank you for your assistance.

Important Note to Health Care Professional:

Base your evaluation solely on the applicant's ability to use the accessible fixed route conventional transit system (large buses that have low floors and no steps), not the door-to door Handi-Van service. A description of accessibility features on the conventional transit system can be found on Page 3 of this booklet.

Instructions

1. Please read the Introduction to the Handi-Van Service and Section A in its entirety before completing and signing Section B.
2. Section A and B of the application must be filled out completely or the application process may be delayed.
3. If you have any questions, contact Peterborough Transit at 705-745-0525 extension 2891.

Handi-Van Eligibility Application Package



Completed by Health Care Professional

Section B2: Professional Assessment

Name of Applicant

1. I have read the Introduction to the Handi-Van Service and Section A in its entirety.

- Yes
- No

2. Describe how the applicant's disability affects their ability to use conventional transit:

3. What best describes the level of the applicant's disability?

- Mild
- Severe
- Moderate
- Profound

4. An applicant's ability is sometimes affected by environmental or physical barriers. What conditions will sometimes affect the applicant's ability to use conventional transit?

Environmental Barriers

- snow
- ice
- rain
- cold weather
- hot weather
- other: _____

Physical Barriers

- lack of sidewalks
- sidewalk with no curb ramp to street level
- sidewalk with no rest areas (benches)
- intersection with no accessible pedestrian signals
- bus stop with no concrete pad
- other: _____

5. Is the applicant able to independently travel an average city block or 175 metres?

- Yes
- No
- Sometimes

6. Is the applicant able to independently get on or off a low floor bus that has no steps?

- Yes
- No

Handi-Van Eligibility Application Package

Completed by Health Care Professional

7. Is the applicant able to read and understand signage? (signs at bus stops, or digital signage on a bus)

- Yes
- No
- Sometimes

8. Is the applicant able to hear and understand audio instructions? (All Peterborough transit stops are audibly announced)

- Yes
- No
- Sometimes

9. Is the applicant able to independently ride on a conventional bus if they use priority seating?

- Yes
- No

Note: All conventional buses are equipped with wheelchair restraint systems

10. If the applicant has vision loss, are they considered legally blind, according to CNIB?

- Yes
- No
- Not Applicable

11. If the applicant has a cognitive disability, can they independently recognize their destination and get help if they were dropped off at the wrong location?

- Yes
- No
- Not Applicable

12. If the applicant has a speech disability, can they independently communicate with people? (for example - communicate verbally, with a device, in writing)

- Yes
- No
- Not Applicable

13. 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)?

- Yes
- No
- Not Applicable

14. The vehicle operator may be absent from the vehicle while escorting other passengers to/from building entrances. Can the applicant safely be left on the vehicle unattended?

- Yes
- No

If No, please describe condition(s) requiring supervision:

Handi-Van Eligibility Application Package

Completed by Health Care Professional

15. **Once at their destination, can the applicant safely be left unattended on their own?**
- Yes, the applicant can be safely left on their own at all destinations they travel to.
 - No, the applicant cannot be left unattended at their destination, and must be met by a person responsible for their care at all destinations they travel to.

16. **What is your professional opinion on the applicant's ability to use conventional transit?**
- The applicant is unable to use conventional transit for any trips.
 - The applicant is unable to use conventional transit in the winter months (Nov 15 to Apr 15).
 - The applicant can use conventional transit if accompanied by a support person.
 - The applicant is able to use conventional transit.
 - Other (please explain):

17. **What is the expected duration of the applicant's disability?**
- Long Term - Not expected to recover
 - Temporary - Expected to recover by:

				-			-		
Y	Y	Y	Y		M	M		D	D

18. **All Handi-Van passengers are required to wear a lap belt to mitigate risk to all passengers and drivers in the event of an accident. Exclusion of wearing a lap belt must be provided by a physician, taking into account the consideration of safety of the applicant, other passengers, and Handi-Van drivers.**

Are you requesting that the applicant be excluded from wearing a lap belt on the basis of a documented medical condition?

- Yes
- No

If Yes, please describe condition(s) requiring exclusion:

19. **Is there any other pertinent information that Peterborough Transit should be aware of?**
- _____

Handi-Van Eligibility Application Package



Completed by Health Care Professional

I certify that the information provided in Section B2 of this application is true.

Name of Professional											Licence #	
Address												
City											Postal Code	
Daytime Phone				-				-				
Signature	X											
Date					-			-				
	Y	Y	Y	Y		M	M		D	D		

Profession:

- Licensed Physician
- Licensed Nurse Practitioner
- Registered Occupational Therapist
- Licensed Optometrist, Ophthalmologist or Eye Physician
- Registered Nurse
- Licensed Physiotherapist
- Certified Psychologist or Psychiatrist
- Speech Language Pathologist

If more than one health care professional is required, submit one Assessment form for each professional.

Handi-Van Eligibility Application Package

Notes:

Handi-Van Eligibility Application Package

Completed by Peterborough Transit

Internal Use Only

Applicant's Name:

Application Number:

Date Application Received:

Received by:

				-			-		
Y	Y	Y	Y		M	M		D	D

Date Review Completed:

Reviewed and Approved by:

				-			-		
Y	Y	Y	Y		M	M		D	D

1.

2.

Approved Eligibility Category:

Remarks:

- Unconditional (all trips)
- Conditional (some trips)
- Temporary Unconditional
- Temporary Conditional
- Not Approved

Details for safe and convenient accessible pick-up and drop-off location:

Handi-Van Eligibility Application Package



Thank you for your assistance.