

If this information is required in an accessible format, please contact 1-866-247-0055



Durham Region Transit (DRT) Specialized Services

Specialized Services Application and Information Package

Section A: How to Apply for Specialized Services

Section A must be read and each page initialed by the applicant. By initialing the bottom of each page you acknowledge that you have read and understood the requirements outlined.

Section B must be completed by the applicant or designate and contains questions about your everyday mobility and ability to use conventional bus services.

Section C must be completed by your registered health care professional. The health care professional completing the application must have the appropriate knowledge, skill and evaluate the specific abilities of the applicant.

Section D must be completed by an applicant who attends a day program or work placement and is requesting to waive the requirement for a Personal Care Attendant at the applicant's residence.

Appendix A Service Agreement for Day Programs and Work Placements must be completed by a representative from the day program/work placement attended by the applicant.

Appendix B review flowchart which contains information on the Specialized Services Application process.

Sections A, B, C (and D if applicable) of the application must be filled out completely. If the application is not complete, or further explanation is required, the application will be returned to the applicant.

Completed Applications

Completed Applications may be sent by mail or fax to:

Durham Region Transit Specialized Services
110 Westney Road South, Ajax, ON, L1S 2C8
Fax: 905-619-9693

Specialized Services will review your application within 14 days of receipt of a completed application. Durham Region Transit will confirm eligibility by mail.

Applicants are required to attend an in-person interview or assessment unless otherwise advised by Specialized Services. Interviews and assessments are conducted at the Specialized Services office located at 110 Westney Road South, Ajax, Ontario or 605 Rossland Road East, Whitby, Ontario.

For further information or assistance with the application process, please call 1-866-247-0055 to speak with a representative from the applications office.

What to Expect When Using Specialized Services

What is Specialized Transit?

- Durham Region Transit (DRT) Specialized Services provides door-to-door, shared-ride, accessible **public transit** service.
- Door-to-door service is providing transportation from the first accessible door at pick up to the first accessible door at final drop off. **Transfers to other accessible vehicles may occur.**
- Door-to-door service is NOT a direct ride.

The operator of a Specialized Service vehicle will NOT:

- Unlock or go through the door at the origin or destination (such as customer's home).
- Wait for someone to receive or arrive to open the door when dropping off the customer at his/her destination.
- Provide attendant support to customers (see Personal Care Attendant).
- Provide assistance that may jeopardize the health and safety of the operator.

The customer using Specialized Services will be able to:

- Wear a vehicle seatbelt throughout the trip.
- Provide valid fare, including depositing cash fare or displaying appropriate transit pass or ticket.
- Be left unattended in a vehicle when the driver leaves to escort other customers.
- Unlock and lock the door at the origin or destination if required (such as customer's home).
- Communicate to the vehicle operator if they are about to be dropped off at the wrong location.
- Get help if dropped off at the wrong location.
- Communicate to the vehicle operator the address of origin and destination, as well as an emergency contact phone number.
- Be ready up to 15 minutes prior to the scheduled pick-up time.
- Remain at the location of his/her destination without supervision once dropped off (for example, customer's home).
- Travel on a vehicle for up to 1.5 hours with up to 12 other passengers.

Mobility Aids:

The maximum size for a mobility aid (wheelchair or scooter) that can be accommodated on a Durham Region Transit (DRT) conventional or Specialized Service vehicle is as follows:

- 76 centimeters (30 inches) wide.
- 123 centimeters (48 inches) long.
- Maximum combined weight of mobility device and occupant is 363 kilograms (800 pounds).

All wheelchairs and scooters must be in good working condition in order to be transported. Scooters must have a lap belt. Wheelchairs must have a lap belt and footrests. Exemptions for lap belts or footrests must be approved by a designated Health Care Professional (Physician, Nurse Practitioner, Registered Nurse (RN/RPN), Physiotherapist, Occupational Therapist or Recreational Therapist). Wheelchair and scooter securement on DRT Specialized Services and conventional vehicles is mandatory.

Eligibility for Specialized Services

An applicant may be eligible for Specialized Services if the person has a disability that prevents him/her from using conventional transit service for all or part of a trip. This could be due to a visual, sensory, cognitive or physical disability, and could be either short-term or long-term. The eligibility decision is based on the applicant's functional ability to use conventional transit.

Eligibility is NOT based on:

- A particular disability;
- Income level;
- Age;
- Lack of public transit in an applicant's area;
- Solely the recommendation of a health care provider; and
- Reluctance or unwillingness to use regular public transit.

Eligibility Categories

The Integrated Accessibility Standard (Ont Reg. 199/11) and *Accessibility for Ontarians with Disabilities Act, 2005 (AODA)* specifies three categories of eligibility for specialized services:

1. Unconditional Eligibility:

A person with a disability that prevents him/her from using conventional transportation services.

2. Temporary Eligibility:

A person with a temporary disability that prevents him/her from using conventional transportation services.

3. Conditional Eligibility:

A person with a disability where environmental or physical barriers limit his/her ability to consistently use conventional transportation services.

Durham Region Transit (DRT) Conventional Service

A DRT conventional service is a fixed route system including AODA compliant vehicles and accessible infrastructure, enabling passengers the flexibility and independence to travel throughout the Region without having to reserve trips in advance. All DRT conventional buses are equipped with these five accessible features:

1. “Kneel” feature lowers the bus level with curb for easy boarding.
2. Access ramps for easy boarding and exiting.
3. Two designated mobility aid (for example wheelchair) securement areas.
4. Stop annunciators to announce next stop (visual and auditory)
5. Designated Priority Seating at the front of the bus for passengers who require a seat.

Integrated Service Model

Door-to-door service may include a trip on one specialized vehicle, or a combination of specialized and accessible conventional vehicles.

A Specialized Services vehicle or contracted taxi (accessible van or sedan) may pick up a customer from the point of origin (for example at home) and take him/her to an appropriate bus stop with a shelter, bench seating and a concrete pad. The customer then transfers to a conventional bus that will take him/her to a bus shelter as close as possible to the intended destination. When required, another Specialized Services vehicle or contracted taxi will pick up the customer at the bus shelter and bring him/her to the accessible building entrance at his/her destination. The complete trip is scheduled by a dispatcher so that the waiting time at a bus shelter is less than ten minutes.

Personal Care Attendant

If an applicant does not have the ability to use public transit independently, then a Personal Care Attendant must accompany him/her on all trips when using Specialized Services.

A Personal Care Attendant will be required if recommended by the applicant’s health care professional or based on information provided in the application.

The Personal Care Attendant is provided by the applicant and must be capable of providing the necessary care to ensure the applicant is able to be safe throughout an entire trip, regardless of the origin or destination.

The Durham Region Transit Support Person Pass allows a Personal Care Attendant to travel with the customer on conventional and/or Specialized Services vehicles free of charge.

Section B: Application to be Completed by Applicant or Designate

Section B must be completed by the applicant or designate and contains questions about your everyday mobility and ability to use conventional bus services.

Date Prepared _____ New Application Renewal Application

Personal Information

Please print clearly Mr. Mrs. Ms.

First Name: _____ Last Name: _____

Date of Birth : _____ Gender: _____

Address: _____ Apt/Unit#: _____

City: _____ Province: _____ Postal Code: _____

Telephone: Home: _____ Cell: _____ Work: _____

Email Address: _____

Mailing Address

Please provide the mailing address you would like all Specialized Services mail sent to if it is different from the Personal Information Provided.

Name: _____

Address: _____ Apt/Unit#: _____

City: _____ Province: _____ Postal Code: _____

Emergency Contact Information

Name (Primary Contact): _____ Name (Secondary Contact): _____

Relationship to Applicant: _____ Relationship to Applicant: _____

Phone: _____ Phone: _____

Authorize a Representative

Please provide the contact details for any other person that you authorize Specialized Services to communicate with regarding the details provided in the application.

Name: _____ Relationship: _____

Telephone: Home: _____ Cell: _____ Work: _____

Email Address: _____

Information About Your Mobility and Assistive Devices

1. Please identify any disability conditions (listed below) that affect your ability to travel on conventional transit.

Explain in detail how and why this disability condition affects your ability to use conventional transit.

Physical: _____

Sensory: _____

Mental Health: _____

Cognitive: _____

Other: _____

2. When was the last time you travelled with Durham Region Transit?

_____ (please enter as day/month/year)

3. Which of the following assistive devices would you need to use when traveling on Specialized Services?

Cane Prosthesis Manual Wheelchair

Portable Oxygen Walker White/Red Cane

Power Wheelchair Crutches Power Scooter

Other (please describe): _____

If you use a mobility aid, provide its outside dimensions (in inches or centimeters):

Width: _____ Length _____

Combined weight of applicant and mobility aid: Less than 800lbs More than 800lbs

If you use a mobility aid, does your home have a ramp or lift?

Yes No

4. Do you travel with a guide dog or other service animal?

Yes No

Information About Your Abilities

Answers should be based on how you feel most of the time, under normal circumstances, and whether you can perform the activity by yourself, without assistance. For each question, provide one answer only unless otherwise noted.

5. What is the furthest distance you can travel on a sidewalk (using an assistive device if applicable)? An average city block is 175 meters.

- I am able to independently walk or roll **up to half** a city block.
- I am able to independently walk or roll **up to one** city block.
- I am able to independently walk or roll **up to two** city blocks.
- I am able to independently walk or roll **more than two** city blocks.
- I am only able to travel outdoors with an attendant or support person.
- I am not able to travel outdoors (**please explain**). _____

6. Can you independently cross the street at an intersection (using a mobility aid if applicable)?

- Yes No

If no, please explain: _____

7. Does the weather (ice, snow, humidity, temperature) impact your disability condition?

- Yes No

If yes, please explain: _____

8. Can you safely wait at a conventional bus stop if there is a shelter and seating?

- Yes No

If no, please explain: _____

9. Can you independently provide a valid fare (depositing cash fare/ displaying appropriate transit pass or ticket)?

Yes No

If no, please explain: _____

10. Can you safely get on and off a wheelchair accessible conventional bus (there are no stairs)?

Yes No

If no, please explain: _____

11. I am able to independently: (check all that apply)

- a) Recognize my destination and communicate to the vehicle operator (verbally or with an augmentative device, in writing or with an alternative method of communication) if I am about to be dropped off at the wrong location.
- b) Get help if I was dropped off at the wrong location.
- c) Be safely left unattended on the vehicle with other customers when the vehicle operator is away from the vehicle (i.e. I am not at risk of exiting the vehicle and wandering).
- d) Maneuver my mobility aid (if I currently have one) to travel to and from the vehicle.
- e) Address any personal medical issues or situations.

12. Are you attending or planning to attend a day program or work placement?

Yes No

If yes, are you requesting to waive the requirement for a Personal Care Attendant at home?

Yes No

If yes, please complete Section D

Signature of Applicant

Do you give your permission for DRT vehicles to enter your private driveway for the purpose of providing service? Yes No

I certify that the information provided in this application is true and correct. I understand that misinformation or misrepresentation of facts will be cause for disqualification or rejection of my eligibility. I also understand that additional information relating to my disability or health condition may be required to determine eligibility. I hereby consent to the transit operator and his/her assessment agency to contact my health care professional for additional information or if clarification is required.

Applicant's Signature: _____ Date: _____

If someone other than the applicant is preparing this form, please provide the following:

Name: _____ Relationship: _____

Address: _____

Telephone Home: _____ Work: _____ Cell: _____

Preparer's Signature: _____ Date: _____

Application Checklist

Before submitting your application, please ensure you have:

- Read and understood Section A
- Initialed each page in Section A
- Fully completed Section B (and Section D if applicable)
- Checked that your health care professional has completed Section C in full
- Attached a letter from your day program or workplace (if applicable) verifying times and locations (see Appendix A)
- Made a photocopy of the entire application for your records

Please note that an incomplete application will not be processed and will be returned to the applicant.

Section C: For Completion by Health Care Professional

Section C This section is to be completed by a physician, nurse practitioner, registered nurse (RN/RPN), physiotherapist, occupational therapist or recreational therapist. The health care professional completing the application must have the appropriate knowledge, skill and judgment to evaluate the specific abilities of the applicant.

Please read Sections A and B before completing this section.

You are being asked by the applicant named in Section B to provide information regarding his/her ability to use conventional transit service. If you have any questions regarding this application or Durham Region Transit (DRT) conventional services, please call 1-866-247-0055 to speak with a representative of the applications office.

The information you provide will allow DRT to determine the relevant category of eligibility for specialized services and to provide the appropriate public transit service based on the applicant's abilities.

Health Care Professional Information

Please print clearly

Name: _____ Designation: _____

Address: _____

Telephone: _____ Extension: _____

Applicant's Disability Information

Please base your evaluation solely on the applicant's ability to use conventional transit for all or part of his/her trip.

1. **I have read and understood Section A in its entirety.** Yes No

2. **Which, if any, of the following disability(ies) does the applicant have? Check all that apply and explain/provide specifics.**

Physical (specify): _____

Cognitive (specify): _____

Sensory (specify): _____

Mental Health (specify): _____

Other (specify): _____

3. **Severity of disability / limitations:**

- Mild Moderate Severe

4. **Describe in detail how the applicant's functional limitation affects his/her ability to use conventional transit for all or part of his/her trip:**

5. **Is the applicant currently using any assistive devices? (see pg. 6 for list)**

- Yes No

If yes, please specify:

6. **What is the furthest distance the applicant can travel on a sidewalk (using an assistive device if applicable)? An average urban block is 175 meters.**

- Up to half a level block Up to one level block
- Up to two level blocks More than two level blocks
- Applicant is unable to travel on outdoor terrain (**please explain**): _____

7. **What is the expected duration of the disability / limitations?**

- Permanent
- Permanent disability, however the applicant's condition/abilities are **expected to improve** (for example, participating in rehabilitation or physical therapy). Please provide details: _____

- Temporary, Please indicate length of time: _____

- Seasonal (limitation impacted by weather):

- During the winter (November 1 to April 30), explain: _____

- During the summer (May 1 to October 31), explain: _____

8. Based on the accessible features of DRT's conventional buses as described in Section A (no stairs, access ramp level with the curb, two mobility device areas, etc.), is the applicant able to physically board and ride a conventional bus?

Yes No, **If no, please explain:** _____

9. In your professional opinion, does this applicant have the ability to:

- a) Yes No Independently recognize his/her destination and inform the vehicle operator (verbally and/or in writing and/or with an augmentative device) if they are about to be dropped off at a wrong location?
- b) Yes No Be safe and independently get help if dropped off at a wrong location?
- c) Yes No Remain seated on the vehicle throughout the duration of the trip?
- d) Yes No Independently address personal medical issues or situations?
- e) Yes No Travel with up to 12 other passengers?
- f) Yes No Be safely left unattended on a vehicle with other passengers?
- g) Yes No Independently mobilize (using a mobility aid if applicable)?
- h) Yes No Follow verbal instructions provided by DRT to safely and independently complete a transit trip (such as recognizing and boarding the correct vehicle or transferring between vehicles)?
- i) Yes No Comprehend safety risks in the community?
- j) Yes No Communicate his/her address of origin, destination, and emergency contact phone number to the vehicle operator (verbally and/or in writing and/or with an augmentative device)

10. Is the applicant likely to engage in any of the following behaviors?

- a) Yes No Exiting the vehicle and wandering when the operator exits the vehicle to escort other passengers?
- b) Yes No Causing harm to themselves?
- c) Yes No Causing harm to others?
- d) Yes No Making a verbal or physical threat of violence or harm?
- e) Yes No Being disruptive to other passengers or the vehicle operator?

Other (please explain): _____

Certification by a Health Care Professional

I hereby certify that the information I have provided is accurate and complete to the best of my knowledge. I understand that misinformation or misrepresentation of facts will be cause for disqualification or rejection of the applicant's eligibility.

Health Care Professional's Signature: _____

Date: _____

Personal information on this form is collected under the authority of the *Municipal Act, 2001*, S.O. 2001, c.25 as amended, and in accordance with the *Municipal Freedom of Information and Protection of Privacy Act* and the *Personal Health Protection Act, 2004*, and will be used solely to determine eligibility for specialized transit services offered by the Region of Durham. Any questions concerning this collection can be directed to the applications office, DRT Specialized Services.

Section D: Service Agreement for Day Programs and Work Placements

Section D must be completed by an applicant who attends a day program or work placement and is requesting to waive the requirement for a Personal Care Attendant at the applicant's residence.

Please attach a letter from your day program or workplace verifying times and locations (please refer to Appendix A).

The applicant, _____, if approved for Durham Region Transit Specialized Services, will travel to/from approved day programs and work placements.

By completing and signing this agreement, the customer and/or parent/guardian (if the customer is under 18 years of age or has a legal guardian) further acknowledges that the customer and/or parent/guardian are responsible to ensure that a representative from the day program or work placement will be present to meet or supervise the customer at the threshold of the first accessible door when DRT Specialized Services arrive at the location for drop-offs and pick-ups.

DRT Specialized Services will provide the following:

- Escort the customer door-to-door.
- Wait until the customer crosses the threshold of the first accessible door.
- Wait five minutes past the confirmed pick-up time for the customer to show.

DRT Specialized Services does NOT provide the following:

- Unlock or go through the door of the customer's residence.
- Wait for a family member to arrive to open the door of the customer's residence.
- Wait for a representative of the day program or work placement to arrive to open the door of the facility / building.

Capabilities of Applicant

By applying for services to / from day programs and work placements without a Personal Care Attendant, the customer or parent / guardian confirm that the applicant is:

- Able to recognize own residence.
- Able to communicate (verbally, with an augmentative device, in writing or with an appropriate alternative method of communication) name, address and phone number to the vehicle driver.
- Able to be left unattended in a vehicle if the driver leaves to escort other customers.
- Consents to wear a vehicle seatbelt.
- Able to remain seated for the duration of the trip.

- Able to be transported in a Specialized Services vehicle without being disruptive or posing risks to other passengers or the vehicle driver.
- Able to enter and exit own residence without assistance/intervention from the vehicle driver.
- Able to safely remain in own residence once dropped off by Specialized Services.

Where a Customer demonstrates that he/she is unable to meet these conditions, the Service Agreement and trips will be immediately suspended until:

- a) The Service Agreement is reviewed between the designated Specialized Services representative and the customer and/or parent/guardian; and
- b) DRT Specialized Services agree to continue with the Service Agreement.

Names of all responsible parents / guardians:

- 1. _____
- 2. _____
- 3. _____

Customer's residential address:

Address: _____ Apt/Unit#: _____
City: _____ Province: _____ Postal Code: _____

Day program or workplace name, address and telephone number:

Name: _____
Address: _____
Telephone: _____

Days of the week and start and end times of day program or work placement:

Days of Week: _____
Start Time: _____
End Time: _____

Contingency Plan:

In the event that circumstances arise that require assistance for the customer, please provide the necessary contingency plan details below. The contact information provided must be of a family member/friend that lives in Durham Region and is able to accept the customer as part of your contingency plan. If none of the contacts below can be reached as part of the contingency plan, future rides will be suspended until the parent/guardian is contacted and reminded of this agreement.

Parent / guardian contact information while customer is being transported by Specialized Services:

- 1) Home/mobile/business: _____
- 2) Home/mobile/business: _____

Contingency contacts if parent / guardian is not available:

- 1) Name: _____ Relationship: _____
Address: _____
Available hours as contingency contact: _____
Home/mobile/business: _____
- 2) Name: _____ Relationship: _____
Address _____
Available hours as contingency contact: _____
Home/mobile/business: _____
- 3) Name: _____ Relationship: _____
Address: _____
Available hours as contingency contact: _____
Home/mobile/business: _____

By signing this Agreement, I/We acknowledge that I/We have read, understood and agree to its terms.

Customer (print name): _____ Month / Day / Year: _____
Parent /Guardian (print name): _____ Month / Day / Year: _____
Witness (print name): _____ Month / Day / Year: _____

Appendix A: Service Agreement for Day Programs and Work Placements

This document is to be completed by a representative from the day program/work placement attended by the applicant.

Applicant and Day Program Information:

Name of Applicant: _____

Name of Day Program/ Work Placement: _____

Address of Day Program/ Work Placement:

Street: _____ Unit #: _____

City: _____ Province: _____ Postal Code: _____

Please indicate when applicant will be in attendance:

- | | | | |
|--------------------------|-----------|-------------------|-----------------|
| <input type="checkbox"/> | Monday | Start time: _____ | End time: _____ |
| <input type="checkbox"/> | Tuesday | Start time: _____ | End time: _____ |
| <input type="checkbox"/> | Wednesday | Start time: _____ | End time: _____ |
| <input type="checkbox"/> | Thursday | Start time: _____ | End time: _____ |
| <input type="checkbox"/> | Friday | Start time: _____ | End time: _____ |
| <input type="checkbox"/> | Saturday | Start time: _____ | End time: _____ |
| <input type="checkbox"/> | Sunday | Start time: _____ | End time: _____ |

Representative from Day Program/ Work Placement:

By completing and signing this document, I acknowledge that a representative from the day program / work placement stated above will be present at the threshold of the first accessible door to meet the applicant at the scheduled drop-off and pick-up time(s). Drop-off and pick-up times may be different than the start and end times listed above. The applicant or his/her parent / guardian is responsible to coordinate all times with the day program or work placement.

Name (please print): _____

Signature: _____

Date: _____

Appendix B: Specialized Services Application Process Flowchart

