handy DART APPLICATION



INSTRUCTIONS

Introduction

BC Transit operates under the *British Columbia Transit Act*, which provides it with a mandate to plan, implement, maintain and operate public transportation systems across British Columbia, excluding Metro Vancouver.

handyDART is a shared ride, door-to-door service for people with physical or cognitive disability, permanent or temporary, that prevents them from riding accessible, fixed route service, some or at all of the time.

The Custom Registration Program was introduced in 2015 to modernize the eligibility process based on the rider's functional ability to use the fixed route service, regardless of diagnosis, age, or mobility device. BC Transit works with contracted Mobility Specialists who are trained on public transit service options to provide professional assessments leading to a recommendation for an individual's eligibility criteria for handyDART.

Application

- Ensure the application form is fully completed, signed and dated. If a person with the Power of Attorney for the applicant is involved in the application process, please provide a non-certified copy of the Power of Attorney letter with the application form.
- If you hold a BC Persons with Disabilities (PWD) Designation, please include confirmation of the designation as a supporting document to this application form.
- If you hold a PWD Designation, you will automatically receive unconditional eligibility.

 Depending on your needs, you may still be asked to attend a level of care assessment to help determine the support required to safely utilize handyDART service.
- Upon receiving the application form, the Mobility Specialist clinic will contact you within seven (7) working days to make an appointment for the assessment. You will be given the option of using the handyDART service to go to and from the assessment centre, free of charge.
- The outcome of the assessment will be mailed to your mailing address within three (3) working days.



Reminders for your appointment

- Please come dressed for the weather, including good footwear, and expect to be walking outdoors.
- If you use a mobility device, please bring the device that you usually use when going outdoors.
- You are encouraged to bring a family member, social worker or a friend who is familiar with your conditions. Please inform us if you are bringing someone with you.
- If you missed the call from the Mobility Specialist clinic, please call back as soon as possible. The clinic will attempt to call you twice over a period of two weeks. If they do not hear back from you, a letter will be sent advising you to contact them. If there is no response after two weeks from the date of the letter, your application will be considered withdrawn.
- We require a 24-hour notice if you need to cancel your appointment, except in case of a verified emergency. If you miss or cancel two appointments, your application will be closed. You will be able to apply again after 90 days.

Eligibility Types

- **Unconditional eligibility** Allows for the use of handyDART services all year round with no restrictions. This eligibility is valid for three (3) years, and can be renewed indefinitely.
- Conditional eligibility Allows for the use of handyDART services if specific weather or
 physical conditions of the travel route are met or if a specific destination is required. The
 conditions are determined by the Mobility Specialist during the assessment. This eligibility
 is valid for three (3) years, and can be renewed indefinitely.
- **Temporary eligibility** Allows for the use of handyDART services for a limited period of time, which can be extended until the rider has fully recovered.

Appeals

If you do not agree with the outcome of the assessment, you have the right to appeal the determination within 90 days from the date of the outcome letter.

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handyDART is a shared ride, door-to-door service for people who have a disability that prevents them from riding accessible, fixed-route service, some or all of the time.

You must complete all sections of this form. You will

a mobility assessment session with one of our Mobility Coordinators. During this session, we will discuss your transportation options, assess your eligiblity for handyDART, and ensure your mobility aid can be safely transported using our equipment (if applicable)

oe c	contacted within 10 days to boo	ok a time to attend	ng dar dqaipinioni	. (II applicable).	
det Re BC	ction 26(c) of the <i>Freedom of I</i> termining eligibility for custom g. 30/91). If you have any que	knowledge that the personal information <i>Information and Protection of Privacy Ac</i> transit pursuant to Section 11 of the Brit estions about the collection, use or disclephone at 1.250.385.2551; via email to Fa, BC V8W 2P3.	t and will be used ish Columbia Tra osure of this infort	d for the purpose of nsit Regulation (B.C. mation, please contact	
C	ONTACT INFORMAT	ION		PLEASE PRINT	
1.	Permanent Address				
	FIRST NAME	LAST NAME			
	ADDRESS		SUITE #		
	CITY		POSTAL CODE		
	HOME PHONE	CELL PHONE			
2.	If your current mailing or temporary address is different from your permanent address (example: care facility or hospital), complete the following: FIRST NAME LAST NAME				
	ADDRESS		SUITE #		
	CITY		POSTAL CODE		
3.	Pickup Location and Acc	essibility			
	Do your driveway and road	d provide clearance for a tall vehicle?	Yes	☐ No	
	Is the walkway and entry le	evel clear of obstacles?	Yes	No	
	Do you have any concerns safely accessing your picture.	regarding a handyDART vehicle ckup location?	Yes	No	
4.	Do you currently hold a provincial Persons with Disabilities (PWD) designation? If you have a PWD designation, you automatically unconditionally qualify for handyDART services. Yes (please provide confirmation of designation) No				
5.	Secondary Contact				
	FIRST NAME	LAST NAME		RELATIONSHIP	

EVENING PHONE

DAYTIME PHONE





ERSONAL INFORMATION							
Date of Birth////	YEAR						
Gender MALE FEMALE OTHER	PREFER NOT TO DISCL	OSE					
GONGO	THE ENNOT TO BIOCE	OOL					
RANSPORTATION DISABILITY INFORMATIO	ON						
Describe why BC Transit's accessible, fixed-route service is not an option for you, some or all of the							
time, based on your cognitive and/or physical functional r	nobility limitations.						
Describe your travel abilities and limitations.							
I am able to:	Always Sometimes N	lever					
Walk/roll 3 city blocks							
Walk up and down steps							
Stand for 15 minutes							
Sit down or rise without assistance							
Ask for or receive travel directions verbally, or in writing							
See signs and read directions clearly							
Is your mobility limitation Permanent Or Temperary energify until when							
	Surgery date (when applicable)						
/							
MONTH DAY YEAR	MONTH DAY YEA	AR					
. Can you be left alone at your residence?	es No, explain below:						
NOTE: Your secondary contact will be called if someone is not available to receive you at home.							
2. Do you need an attendant to travel with you due to a cogr disorientation?	nitive condition, confusion, or						
No Yes, explain,							
Do you use any of the following aids? Check all that apply and let the handyDART office know the type							
and size of equipment when booking:							
	nual wheelchair with lapbelt and foot	rests					
·	тр						
and foot rests	approximate combined weight of wheelchair and	d passenç					
and foot rests	approximate combined weight of wheelchair and heel scooter	d passen					







TRAVEL OPTION INFORMATION

We encourage our customers to use fixed-route service for some trips, and to use handyDART only as needed. 14. Do you use fixed-route service for some of your trips? Yes No If no, are you interested in learning how to travel independently on the bus for some of your trips? Yes, I am interested in receiving free training that will teach me how to use the bus at my own pace with a qualified trainer. No, I do not wish to receive free training. 15. BC Transit can obtain my mobility information from one of the following (check one only): Licensed Physician Licensed Optometrist Certified Rehabilitation Specialist Registered Occupational Therapist Registered Recreation Therapist Registered Vocational Therapist Health Authority Case Manager Registered Nurse or Nurse Practitioner Please provide the information for the contact you selected above. NAME **PHONE** MAILING ADDRESS **HANDYPASS and TAXI SAVER** Permanent handyDART customers are eligible for a handyPASS that allows their attendant to ride free on conventional, fixed-route transit. No 16. Are you applying for handyPASS Yes Enclose two (2) passport-sized photos with this application. Refer to the handyPASS Photo Specifications Form H2. If you are ineligible for handyDART, these photos will be returned to you.





AUTHORIZATION

- 17. The information provided in this form is solely for the use of BC Transit and Agents to determine your eligibility for custom transit services. By completing this application, you or your legal representative declare that you understand and authorize the following:
 - You have a disability, medical condition, or age related frailty that prevents you from using the regular bus some or all of the time.
 - You consent to the disclosure of personal information by your medical practitioner (Doctor, Therapist, Case Manager) to BC Transit or its agents.
 - You acknowledge that you may be requested to undergo a functional assessment.
 - BC Transit can re-assess your eligibility if it appears your transportation needs have changed.
 - You allow a site visit, at your primary pick-up location, and a mobility assessment by a BC Transit representative.
 - I certify that the information provided in this application is true to the best of my knowledge.

SIGNATURE OF HANDYDART APPLICANT	DATE

FOR LEGAL REPRESENTATIVE* USE ONLY					
FIRST NAME OF LEGAL REPRESENTATIVE	LAST NAME OF LEGAL REPRESENTATIVE				
RELATIONSHIP TO APPLICANT	PHONE OF REPRESENTATIVE				
EMAIL OF REPRESENTATIVE					
SIGNATURE OF LEGAL REPRESENTATIVE	DATE				

*Legal Representative: The Representation Agreement Act allows you to appoint someone as your legal representative to handle your financial, legal, personal care and health care decisions, if you're unable to make them on your own. You cannot appoint any person who is paid to provide you with personal or health care or who is an employee of a facility through which you receive personal or health care, unless that person is your child, parent or spouse.

SEND COMPLETED APPLICATION TO: Client Registrar

2832 Queensway Street Prince George, BC V2L 4M5 OR Fax: 250·562·1393

For more information, call 250-562-1394 or email carefree_society@telus.net.



