



WHEELS Service – Application Form

The Accessible WHEELS Services (“WHEELS”) transit system is an origin-to-destination shared ride accessible public transit service intended for persons who are unable to use Cobourg Transit’s accessible conventional system due to a disability.

WHEELS is intended for those persons who, due to a function limitation, cannot travel to and/or from a conventional accessible Cobourg Transit bus.

If you have any questions or need assistance, please contact WHEELS at:

COBOURG TRANSIT
740 Division Street, Building 7
Cobourg, Ontario K9A2M2
Phone: 905 372 4555
Fax: 905 372 0009
Email: transit@cobourg.ca

How to Apply for WHEELS Service

1. **Part A** requires the applicant to read the Town of Cobourg WHEELS Service - Policies & Procedures (enclosed) and acknowledge that you have read and understood the requirements outlined.
2. **Part B** must be completed by the Applicant or designate and contains questions about your everyday mobility and ability to use Cobourg Transit’s accessible conventional transit services.
3. **Part 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. The Town reserves the right to contact the health care professional for clarification purpose.
 - a. If there is a fee associated with receiving the completed form, please contact us about reimbursement for a successful application.
4. Return the completed application (Parts A, B, and C) to Cobourg Transit.
5. WHEELS will notify you of your eligibility within fourteen (14) business days of submitting your application.
 - a. If we require additional information, you may be requested to come in for an interview to provide us with more information about your disability and how it affects your use of Cobourg Transit’s accessible conventional transit services.
 - b. If you have not been notified within fourteen (14) business days of submitting your application, please contact us by phone, email, or in person.

Note: All information on this application form will be kept confidential and will be used for the purposes of determining eligibility for the WHEELS service only. Personal

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information contained in this form is collected pursuant to the “Municipal Transit Manual for Specialized Services” issued by the Ministry of Transportation and will only be used for the purpose of processing the application. All personal information is protected under the Municipal Freedom of Information and Protection Act, 1989.

Failure to completely fill out the application will delay the application process. All three (3) parts (Parts A, B, and C) need to be completed in full for your application to be considered.

Part A

In order to be eligible for WHEELS, all applicants must first read the Town of Cobourg WHEELS Service - Policies & Procedures (enclosed).

By signing this page, you are confirming that you have read and understand the Town of Cobourg WHEELS Service - Policies & Procedures.

Signature of Applicant:

Date:

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Part B: Applicant Information

Please type or print clearly.

General Information

1. Name:
2. Address (Including Postal Code):
3. Daytime Phone Number:
4. Evening Phone Number:
5. TTY/TDD Number (If applicable):
6. Email (If applicable):
7. Cell Number for Ride Notifications (if applicable):
8. Date of Birth:
9. Will you use any of the following when you ride WHEELS?
(Check all that apply):
 - ☐ Manual Wheelchair
 - ☐ Oxygen Bottle
 - ☐ Walker
 - ☐ Guide Dog
 - ☐ White Cane
 - ☐ Communication Board
 - ☐ Powered Wheelchair
 - ☐ Powered Scooter
 - ☐ Hearing Aid
 - ☐ Cane
 - ☐ Prosthesis
 - ☐ Crutches
 - ☐ Other (Please specify):

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10. Do you have any health care needs that the transportation service provider should be made aware of? (Check all that apply):

- ☐ Seizures
- ☐ Diabetes
- ☐ Heart Condition
- ☐ Dementia/Alzheimer
- ☐ Respiratory
- ☐ Communicable Disease
- ☐ Other (Please specify):

Travelling on the Transit System

1. In order to travel unaccompanied on WHEELS, you must be able to check **all** of the following boxes:

- ☐ I can recognize my destination and communicate to the Driver (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.
- ☐ I can get help if I was dropped off at a wrong location.
- ☐ I can be safely left unattended on the vehicle with other customers when the Driver is away from the vehicle (i.e., I am not at risk of exiting the vehicle and wandering).
- ☐ I can maneuver my mobility device (if I currently have one) to travel to the bus, get on and off the vehicle, and into the building at destination.

Note: If any of the above boxes relating to independence were left unchecked, the customer must provide their own Personal Attendant. The Personal Attendant must be capable of meeting the customer's care needs during travel and getting to and from destinations.

2. Do you require a Personal Attendant when you travel?

- ☐ Yes
- ☐ No

3. Do you require a Hand to Hand Attendant when you travel?

- ☐ Yes
- ☐ No

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4. Please check **only one** of the following boxes regarding your ability to travel to a bus stop:
- ☐ I can always get to and from a bus stop.
 - ☐ I can sometimes get to and from a bus stop.
 - ☐ I can never get to and from a bus stop.
5. I can get to and from a bus stop only if (Please check all the boxes that apply):
- ☐ I have a Personal Attendant with me.
 - ☐ The distance travelled to/from the transit stop is less than 175 meters (approximately 575 feet or a city block).
 - ☐ I am familiar with the area.
 - ☐ There are curb cuts along the route to the stop.
 - ☐ There is a sidewalk.
 - ☐ The ground is level or only slightly inclined.
 - ☐ The path is free of ice, snow, or debris.
6. Please check **only one** of the following boxes regarding your ability to wait at bus stops:
- ☐ I can generally wait outside at a bus stop.
 - ☐ I cannot wait outside at a bus stop.
 - ☐ I can wait outside at a bus stop only if (check those that apply):
 - ☐ There is a bench.
 - ☐ There is a shelter.
 - ☐ The wait is no longer than a certain amount of time.
 - ☐ Other (Please Specify): _____

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Cobourg Accessible Conventional Transit System

1. Regarding the use of Cobourg's accessible conventional transit (Not the WHEELS service). Please check only one box:
 - ☐ I can independently recognize my destination and leave the vehicle.
 - ☐ I cannot independently recognize my destination and leave the vehicle.
 - ☐ I can recognize my destination and leave the vehicle only if (check those that apply):
 - ☐ I receive travel training (not provided by Town).
 - ☐ The stops are announced.
 - ☐ Other (Please specify)_____
2. I can ride an accessible conventional transit bus only if (check all that apply):
 - ☐ I have a Personal Attendant with me.
 - ☐ I am familiar with the route.
 - ☐ Every bus on my route is accessible.
 - ☐ A seat is available.
 - ☐ I have received travel training (not provided by Town).
 - ☐ Other (Please specify):_____
3. Can you transfer to a car without assistance?
 - ☐ Yes
 - ☐ No
 - ☐ Sometimes
4. How does your disability affect your ability to use Cobourg's accessible conventional transit system? Please provide any additional information that has not been included in the application.

Answer:



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In Case of Emergency Contact Information

1. Name:
2. Phone Number:
3. Relationship:

I hereby certify that to the best of my knowledge, the information given above is correct and I authorize the health care professional named in Part C to provide information to WHEELS. If WHEELS receives new information regarding a change in my functional ability, my eligibility status may be reviewed and revised.

Signature of Applicant:

Date:

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

- Name:
- Address:
- Daytime Phone Number:
- Relationship to the Applicant:

I certify that to the best of my knowledge that the information provided above is correct.

Signature:

Date:

When Parts A and B have been completed, take or mail Parts A, B and C to your health care professional. When Part C has also been completed by your health care professional, return Parts A, B, and C to:

COBOURG TRANSIT
740 Division Street, Building 7
Cobourg, Ontario K9A 0H6
Fax: 905 372 0009
Email: transit@cobourg.ca



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Part C: To Be Completed by the Treating Registered Health Care Professional under the Ontario Regulated Health Professions Act, 1991.

Certification Process: You may be contacted by the Town if any questions remain. The application must be filled out completely in order to be processed.

Eligibility Criteria: Eligibility is considered on a case by case basis for persons unable to use Conventional Accessible Transit due to a disability.

Functional Limitations

Applicants must have at least one of the following physical or functional limitations to be eligible for the WHEELS service:

- ☐ **Cognitive:** Applicants with cognitive disabilities which impact functional or physical ability to use Conventional Transit, including: emotional disabilities, brain injury, intellectual or learning disabilities, Applicant attend day programs.
- ☐ **Physical:** Applicants are unable to walk a distance of 175 meters (575 feet or a city block).
- ☐ **Sensory:** Applicants experiencing sensory motor area conditions, such as Parkinson's disease, which impact physical ability to use conventional public transit.
- ☐ **Visual:** Applicants who are legally blind and have undergone travel training through an approved agency such as the Canadian National Institute for the Blind (CNIB) and are still unable to use conventional public transit, or Applicants who have been deemed unsuitable for travel training. Applicant must provide supporting document from CNIB.

Functional Abilities

Please answer yes or no to all questions "A" through "J" to enable us to process the application promptly. Please base your evaluation solely on the Applicant's ability or inability to use an accessible conventional public transit service.

- A. Does the Applicant's disability prevent (not make difficult) them from using accessible conventional transit safely and independently?

☐ Yes

☐ No

Is the Applicant able to?

- B. Travel up to 175 meters (approximately 575 feet or a city block) safely and independently?

☐ Yes

☐ No

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- C. Get on/off Cobourg Transit's Conventional accessible buses unaided? (All vehicles have a ramp, and handrails for accessibility)
- ☐ Yes ☐ No
- D. Navigate a transit system using transit technology, destination and number signs, audio announcements, and complete transfers?
- ☐ Yes ☐ No
- E. Present a fare or take a transfer upon boarding?
- ☐ Yes ☐ No
- F. Communicate with the Driver should they need assistance?
- ☐ Yes ☐ No
- G. Safely remain unattended on the bus?
- ☐ Yes ☐ No
- H. Maneuver their mobility aid and/or assistive device to travel to and from the vehicle independently and while at their destination?
- ☐ Yes ☐ No
- I. Independently able to recognize their destination and leave the vehicle safely?
- ☐ Yes ☐ No
- J. Is the Applicant at risk of falls or has balance/gait concerns?
- ☐ Yes ☐ No

Personal Attendants

WHEELS Specialized Transit Drivers are not Personal Attendants – if an Applicant requires extra support getting on and off a bus or help beyond the first accessible entrance at their drop-off location, they must provide their own Personal Attendant.

- Drivers provide light assistance such as walking beside a client to and from a bus and to the closest accessible exterior door.
- Drivers provide assistance with boarding and disembarking of the bus, as needed and within reason.
- Applicants unable to present a fare upon boarding, communicate with the Driver, safely remain unattended on the bus, maneuver their mobility aid, recognize their destination, and are a great risk of falls must travel with a Personal Attendant.
- Registered WHEELS members cannot be Personal Attendants.
- Clients must provide their own Personal Attendants who must be present on all trips and ride the bus with the client.
- The Personal Attendant rides free as they ensure the safety and well-being of the Applicant.

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- Applicants who attend a day program or work placement and require supervision at the point of departure and arrival but are able to travel safely on the bus alone may have a Hand-to-Hand Attendant.
- The Hand-to-Hand Attendant must be present to assist clients with all boarding and disembarking at the point of departure and arrival, they are not required to ride the bus.

Please assess the Applicant and indicate if the Applicant requires a Personal Attendant or Hand-to-Hand Attendant.

A. Does this Applicant require a Personal Attendant while traveling?

☐ Yes

☐ No

B. Does this Applicant require a Hand-to-Hand Attendant?

☐ Yes

☐ No

Categories of Eligibility

Based on the Applicant's disability, how long will Specialized Transit's origin to destination service be required? Please check only one.

☐ **Unconditional/Permanent** disability with no expectation of improvement.

- For example: The Applicant has a permanent disability that prevents them from boarding/disembarking and/or travelling on the Accessible Conventional Transit safely.

☐ **Temporarily** up to one year or an expected short term duration.

- For example: The Applicant suffered a stroke, a surgery, an injury and requires Temporary Eligibility due to their temporary disability while they recover as they are unable to access Conventional Transit

☐ **Conditional/Seasonal Barrier** which is **Winter** (October to April) or **Summer** (May to September).

- For example: The Applicant is not able to access a bus stop in winter as a result of a vision impairment due to snow.

Please include details of Conditional/Seasonal Barrier:



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Health Care Professional Application Certification

Name and Official Capacity of Health Care Professional:

Telephone Number:

Email:

Address:

In accordance with the above noted eligibility criteria, I hereby certify that the information within this document is accurate.

Signature:

Date:

Stamp, License, or Certification Number:

Thank you for your assistance!

**Please return this application to the person seeking WHEELS membership, or
with the person's permission, forward it directly to Cobourg Transit.**