



Brantford Lift Application

About the Program

Brantford Lift is a door-to-door, shared ride service, designed to accommodate individuals who, because of specific limited abilities, related to their disability, are not able to access Brantford Transit fixed-route bus service. All of Brantford Transit fixed-route buses have the ability to kneel and deploy a ramp for easier access.

We are dedicated to providing quality transportation for people with disabilities in the City of Brantford. To maintain a quality program we must ensure that the service is only available to those who need this accommodation. To help us determine if you qualify, we invite you to complete the application below.

Qualifying for Brantford Lift is based on the person with the disability's ability to use Brantford Transit's accessible fixed-route buses. It is not based solely on the disability, age or medical diagnosis.

Our Clients:

- A. Cannot, as a result of their disability, or temporary disability, ride the fixed-route buses; or
- B. Can ride the fixed-route buses but because of their disability only under specific circumstances such as they:
 - a. Can navigate well enough to walk to and from a bus stop during non-snow months but have great difficulty during winter months (November 1-March 31).
 - b. Are able to get on and off the bus on good days but because of their disability, they have great difficulty physically boarding the bus on other days.

Perceived inconvenience, real inconvenience, or simply just the desire not to use the fixed-route bus service does not meet the criteria to qualify.

In an effort to help understand Brantford Lift please note the scope of service:

The Service Isn't

- A taxi service
- A service for seniors without a disability
- A medical carrier
 - Other organizations in the community provide this service.
- Meant to replace Brantford Transit's fixed-route service when it is not in operation or not convenient.

The Service Is

- A scheduled pre-booked bus, shared ride, door-to-door service
- Many of our passengers are seniors but they must qualify for at least one of the above criteria. The service is intended for this population.
- A service intended for people who, because of their disability, cannot ride the fixed-route service.

If you would like this document in an alternative accessible format as per the Accessibility for Ontarians with the Disabilities Act or require assistance to complete the form please contact:

Brantford Lift Dispatch: 519-752-4444

Section A: Application Form

To be completed by the applicant or designate.

Application Process:

1. Complete the Applicant's portion of the application form; Section A and B.
2. Have your Health care provider review Section A and B and complete Section C of this application form.

3. Send completed application to:

Mail: City of Brantford, P.O. Box 818, Brantford, ON N3T 5R7
Attention of Engineering Services

Fax: 519-754-0724

Email: brantfordlift@brantford.ca

4. We will mail you a letter within 14 days of receiving your application telling you:
 - a. Of your approval to the service;
 - b. Noting if the application was not complete; or
 - c. If your application has been denied.

If approved:

- Review and understand the rules and regulations of using Brantford Lift.
- If your letter states that you have not completed the application, please do so and re-submit it.
- If you are denied acceptance to the service you can access the appeal process.
Please contact Brantford Lift for more information.

As you complete this application form, please keep in mind that all of Brantford Transit's fixed-route buses are wheelchair accessible and have equipment (including ramps and call out system which announces bus stops) to assist individuals with disabilities.

Please take the time to fully describe the applicant's inability to use fixed-route bus service as it relates to their disability. We cannot solely consider the applicant's age,

income, convenience of stops, and loss of a driver's license or the availability of others to travel with you on a fixed-route service as a reason to ride Brantford Lift.

Collection of Personal Information

Personal information, as defined by the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) is collected under the authority of the Municipal Act, 2001 and in accordance with the provisions of MFIPPA. Personal information on this form will be used for the purpose of determining eligibility for Brantford Lift door-to-door service as well as to ensure the adequate resources are provided at the same time of service.

For information regarding Brantford Lift and your eligibility please contact the Brantford Lift office at: 519-752-4444 or brantfordlift@brantford.ca

If you have questions about this collection; use, and disclosure of this information, contact Brantford Lift directly at 519-752-4444.

Section A continued

Applicant Information

Registration No. (For Office Use Only)

Have you been a Brantford Lift client in the past? Yes No

If yes, please note when you were a client:

Mr. Mrs. Miss. Other

Last Name: First Name:

Are you 18 years of age? Yes No

Date of Birth (mm/dd/yyyy):

Street Address: Apt/Unit #: Buzzer:

City: Postal Code:

Phone: Cell Phone:

Email:

Name of residence, if applicable:

Other (i.e. basement, left side, back of building):

Emergency Contact

It is recommended that your emergency contact live in Brantford.

Last Name: First Name:

Relationship to Applicant (i.e. Family, Friend, Neighbour):

Phone: Cell Phone:

Eligibility

Please answer the following questions as thoroughly as possible as we use this information in Section A and C to evaluate your eligibility for Brantford Lift.

1. Please tell us why you are applying for Brantford Lift shared ride service by describing your limited abilities to use the fixed-route buses.

2. Have you used Brantford Transit fixed-route service in the past?
 Yes No

3. Do you currently use Brantford Transit fixed-route service?
 Yes No

4. If you answered yes to question 3, how often and what restrictions do you have from using the fixed-route service at this time?

5. Are the restrictions you described: Permanent Temporary
6. If conditions are temporary, how long do you expect this to continue?
7. In which situations could you get to and from a transit bus stop?
 - You have an attendant with you.
 - You need to travel less than an average city block. (Approx. 175 m).
 - You receive travel training for the stops you use.
 - The path is free of ice and snow.
 - You can never get to and from a fixed-route bus stop.
8. If you can never get to and from a fixed-route bus stop please explain why.

Section B: Applicant Intake

The following information will help us in our scheduling efforts and will not be used in the evaluation process. Please do not hesitate to contact if the following information changes.

1. What type(s) of mobility aids will you be using if you are approved for Brantford Lift?
Please check all that apply.

Manual Wheelchair

Folding Not Folding Elevating Leg Rests Tilt/Recline

Power Wheelchair

Elevating Leg Rests Tilt/Recline

Power Scooter

3 Wheels 4 Wheels

2. If you use a scooter, can you transfer independently to a vehicle seat?

Yes No

By checking one of the above you are acknowledging you understand that you must wear a vehicle lap belt.

3. Will you be using any of the following while accessing Brantford Lift?

Check all that apply

Walker Walking Cane White Cane
Crutches Portable Oxygen/Ventilator Service Animal
Other

4. Due to your disability, do you require a support person to assist you while you are riding the bus?

Yes No

Note: The maximum base dimensions for devices cannot exceed 76 x 127 cm (30 x50 inches). The maximum combined weight with applicant and mobility device cannot exceed 800 lbs. All devices must be kept clean and in good repair as Brantford Lift may not be able to provide service if the device cannot be properly secured.

Applicant Statement of Understanding

I understand that the purpose of this application form is to determine if, because of my limited ability, there are times when I cannot use Brantford Transit fixed-route buses and will require the use of Brantford Lift.

All of the statements in this application are true to the best of my knowledge and belief and no information required to be given has been concealed or omitted.

I understand that any falsified statements on this application can result in the termination of participation in this service.

I understand that approval of this application depends upon verification that the applicant meets all the criteria included in this application.

I understand that Brantford Lift Standard Operating Procedures requires that all passengers wear a lap belt while riding with Brantford Lift. Passengers using a wheelchair must have a lap belt and wear it while riding with Brantford Lift and that passengers using a scooter must transfer to a vehicle seat where a lap belt is available.

Print Applicant's Name:

Applicant Signature:

Date (mm/dd/yyyy):

If other than Applicant completing this form please check one:

I certify that the information provided in this application is true and correct based upon information given to me by the Applicant.

I have the legal authority to complete this application.

Print Name:

Phone No:

Address:

City:

Postal Code:

Signature:

Date (mm/dd/yyyy):

Relation to Applicant (i.e. Family, Friend, Neighbour):

Section C: Professional Certification to be completed by a Health Care Professional

Please have your Health Care Professional complete this section (Section C) of the application form. Ensure that the entire application form is provided to your health care professional, including page 1 that contains information “About the Program”.

This section of the application may **ONLY** be completed by a licensed health care professional as listed below:

- Physician, Surgeon
- Occupational/Physical/Rehabilitation Therapist
- Licensed Practical/Registered Nurse
- Chiropractor/Kinesiologist

Dear Health Care Provider,

It is important to those who require the service that all riders truly need this service to carry out the tasks of daily living. With this in mind, we ask that you not complete the form until you have read the first page of this application, which contains the section: “About the Program”.

The applicant is asking you to provide information regarding his/her disability that describes their limited ability to use Brantford Transit’s fixed-route transit service.

Persons with a disability would be considered eligible for Brantford Lift if by attempting to use Brantford Transit’s fixed-route bus service, their health and wellbeing would be significantly at risk.

All Brantford Transit’s fixed-route buses provide fully accessible service to all bus routes operating in the City of Brantford. These vehicles are designed to assist in accommodating passengers who require a ramp to board and exit the bus. Simply put, those who use a mobility device may not require the accommodation of Brantford Lift or may only require the service of Brantford Lift for the winter months or a short period of time.

The information that you provide will allow us to evaluate the applicant’s request and to provide the appropriate service.

Thank you for your co-operation in this matter. If you have any questions, please don’t hesitate to call Brantford Lift at 519-752-4444.

Please return completed form to the Applicant for submission.

Accredited/Licensed Practitioner Information

I certify that I am a practicing, accredited/licensed practitioner; from one of the professions outline in this application form (page 9) and, that the information of the following pages is accurate and complete.

Name (please print):

Title:

Business Name:

Address (please print):

Address:

City:

Postal Code:

Phone No:

Fax No:

Signature:

Date (mm/dd/yyyy):

Applicant's Information

First and Last Name of Applicant:

1. How long have you known the Applicant?
2. In your opinion what symptoms or effects would the applicant expect to experience if they ZeUH not permitted to use Brantford Lift?

3. What is the nature of the Applicant's disability?
4. To what extent does the applicant's disability prevent them from utilizing fixed-route transit services?

5. If the applicant qualifies for Brantford Lift services, it is my professional opinion that they will require the service for:

- | | | |
|---------------------------------|--|----------|
| Less than 3 months | If less than 3 months indicate duration: | |
| 3 months | 6 months | 9 months |
| Winter only (November to March) | | |
| 1 year | 3 years or more | |

Practitioner Initials:

6. Does the applicant use, or do you recommend the applicant's use, of a prescribed mobility aid/device, in order to travel on Brantford Lift? Identify all that apply:

- | | |
|-------------------------------------|----------------------------|
| Manual Wheelchair | Powered Wheelchair |
| Scooter (must transfer to bus seat) | Walker |
| Walking Cane | White Cane |
| Crutches | Portable Oxygen/Ventilator |
| Service Animal | Other |

7. All passengers of Brantford Lift must wear a lap belt. This is a standard operating procedure for all parallel transit services 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. The physician's request for this exclusion shall take into consideration the safety of the applicant, other passengers and Brantford Lift drivers. Are you requesting that the applicant be excluded from wearing a lap belt on the basis of a documented medical condition?

- Yes No

8. If yes, what is the reason for the exclusion?

9. Is the applicant physically able to walk or wheel 175 meters?

- Yes No

10. Approximately how far can the applicant walk or wheel, in blocks, before needing a rest?

11. Does the applicant understand safety risks typically understood by pedestrians?

- Yes No

12. Is the applicant at risk of wandering or becoming lost in the community?

- Yes No

13. Can the applicant safely be left alone and unattended at their destination?

Yes No

14. Is there a history of falls or a balance/gait concern?

Yes No

15. If there is a history of falls or a balance/ gait concern, please describe how we can assist.

16. Any additional information you would like to include in relation to the applicant's ability to use the fixed-route bus or, information that we should know about to ensure that we are providing appropriate service?

17 In your professional opinion, the applicant:

Cannot, as a result of their disability, ride the fixed-route busses

Can ride the fixed-route buses under specific circumstances such as;

- They require a personal assistant to do so, as they have great difficulty understanding which bus to get on and when to get off the bus
- Can navigate (related to low vision or blind) well enough to walk to and from a bus stop during non-snow months but have great difficulty during winter months (November 1 – March 31)
- Are able to get on and off the bus on good days but because of their physical disability, they have great difficulty physically boarding the bus on other days

Can ride the fixed-route buses and does not require Brantford Lift service

Practitioner Initials