

Red Deer Transit is committed to providing safe and comfortable transportation to members of our community who are unable to use the fixed route transit system because of a physical or cognitive disability.

- **Action Bus offers door-to-door transit for those unable to use fixed route service.**
- **Action Bus provides service in Red Deer, with limited service to Red Deer County.**
- **Action Bus is not a taxi service and is only available to those who are unable to use fixed route service due to a physical or cognitive disability.**
- **Action Bus service may be approved for a temporary service or up to a 3-year term.**

As a registered Action Bus client, it is your responsibility to:

1. **Be ready for pick up** -Know your pick-up window and be ready at the door 10 minutes before your scheduled pick-up time.
2. **Have your fare ready** – Have a pre purchased ticket or exact fare ready when the Action Bus arrives. Drivers cannot provide change.
3. **Allow up to one hour to reach your destination** – Action Bus is a shared-ride service and may stop for other riders.
4. **Follow safety procedures:**
 - a. Remain seated with a seatbelt or tie-down fastened while the bus is in motion.
 - b. Passengers using mobility scooters may be asked to transfer to a seat.
 - c. Follow operators Instructions, including boarding, riding, and exiting the bus.
5. **Be considerate of other riders**
 - a. Please do not wear scented products such as aftershaves or perfumes; other passengers or drivers may have allergies to these products.
 - b. Please refrain from smoking within five meters of the vehicle.
6. **Ensure your pickup and drop off locations meet requirements:**
 - a. Action Bus operators can only help riders in wheelchairs and walkers with one step at pick up and drop off.
 - b. Please ensure steps and sidewalks are cleared of snow and ice, and that ramps are in good repair. Your trip could be cancelled if we cannot get you to and from the bus safely.
7. **If you need to cancel your trip, do so as soon as possible.** Action Bus service has limited capacity. If you no longer need a ride, please free your space for someone else.
8. **Take all your belongings with you** – Operators are not responsible for items left behind.
9. **If you are inactive for 120 days, you will need to reapply for service.**

Please keep the cover page for reference.

Do not submit it with your application

You can submit your application by:

EMAIL - transit@reddeer.ca (PDF only)

FAX - 403 314 5843

MAIL - P.O. BOX 5008 Red Deer, AB T4N 3T4

IN PERSON -

City Hall Information Desk - Main Floor - 4914 48 Ave.

Sorensen Station Customer Service Office - 4830 48 St.

Transit Administration office - Civic Yards, Building 200 7721 40 Ave.

Red Deer Transit Action Bus Application for Service

This registration form has been designed to assess your eligibility for service based on your capabilities. Eligibility is not based on language barriers, age, income, or unfamiliarity of the fixed route transit system.

Either you or your caregiver may fill out the form. If for any reason you need assistance, please call Red Deer Transit Action Bus at 403-342-8225 or email: transit@reddeer.ca

The personal information provided on this application is collected under the authority of The Municipal Government Act and section 33(c) of The Freedom of Information and Protection of Privacy Act. It will be used for the purpose of determining your eligibility for specialized transit and for the delivery of services only. Your information will not be shared or used for any other purpose without your consent. If you have any questions about the collection or use of your personal information, please contact the Transit Manager at 200, 7721-40 Ave, Red Deer, AB T4P 0K2 or Call 403-342-8225

Please retain a copy of the completed application for your records. Once your application is received, it will be reviewed, and you will be notified of your status within 5 - 10 business days.

Section 1a – Applicant Personal Information

Male Female Prefer not to answer

First Name: _____ Middle Initial: _____

Last Name: _____ Date of Birth: _____
DD/MM/YY

Home Address

Street Address: _____

City: _____ Prov.: _____ Postal Code: _____

Home Phone: _____ Cell # _____ Work # _____

Email: _____

Mailing address

Same as home address

Street Address: _____

City: _____ Prov.: _____ Postal Code: _____

Emergency Contact

First Name: _____ Last Name: _____

Relationship to you: _____

Home Phone: _____ Cell # _____ Work # _____

Email: _____

Section 1b – Understanding Your Home Environment

1. Does your building have a name?

No

Yes

Provide name _____

2. Where is the location of the door you will be picked up at?

Front

Back

Side

Other*

*Explain other _____

3. Is there a buzzer code?

No

Yes

Provide buzzer number/code _____

4. Do you have stairs on the outside of your home?

No

Yes

If yes, how many steps? _____

5. Can you manage stairs without assistance?

No*

Yes

*If no, and you have more than one step, will there be someone at your residence to assist you? See guidebook page 15 for information

No

Yes

6. Do you presently require a Personal Care Aid (PCA) when traveling?

No

Yes

If yes, is it mandatory?

7. Would you be bringing a companion with you to assist with appointments and activities?

No

Yes

8. Is your residence equipped with an accessibility ramp?

No

Yes*

*If yes, is it up to code?

No

Yes

Not sure

Section 1c – Picking The Right Bus For You

1. Why are you applying for the Action Bus shared ride service?

2. How do you currently travel around Red Deer now? (Check all that apply)

Drive (self)

Taxi

Action Bus

Community Bus

Friends/Family/Staff drive me

Other

Public fixed route transit*

*Please provide details below

*How often do you ride fixed route public transit?

Daily

Weekly

Monthly

Seasonally

Occasionally

Never*

3. If you do not currently take fixed route transit, do you feel you can learn to take fixed route transit on your own?

Yes No

If no, please explain why _____

4. How far is the nearest bus stop from your home?

1 Block 2 Blocks 3 Blocks 4 Blocks Not sure

5. Can you independently:

- a. travel when there is ice/snow on the ground? Yes No
- b. understand directions needed to complete a trip? Yes No
- c. travel to get to the nearest bus stop? Yes No
- d. step on and off a curb to get to a bus stop? Yes No
- e. wait at a bus stop or station, while standing, or with walker/wheelchair? Yes No
- f. climb up and down 3 stairs on your own? Yes No
- g. board a low floor bus (a bus without steps) if there are handrails and a ramp at curb level? Yes No
- h. If you use a wheelchair or mobility aid, could you board a low floor bus on your own? Yes No

6. Do you use any of the following devices? (Check all that apply)

- Long White Cane Service Animal Communication Devices
- Walking Cane Walker Interpreter/Intervener
- Leg Braces Scooter* Hearing Aid
- Prosthesis Manual Wheelchair* Other*
- Crutches Powered Wheelchair*

If other, please provide details _____

*Please provide outside dimensions: Width _____ Length _____ Height _____

Please Note:
The Transit Action Bus cannot accommodate mobility aids larger than 33" (83.5cm) wide by 51" (129cm) inches long. Some mobility aids may also be restricted due to their height. The combined weight of the passenger and mobility aid cannot exceed 750 lbs (337kg)

All mobility aids must be kept in good condition at all times, or they will not be accommodated on the Transit Action Bus. If the Transit Action Bus Operator cannot properly secure your mobility aid, the City of Red Deer may not be able to provide service to you.

7. What is your primary health condition/disability that makes independent travel difficult?

8. How does your disability/health condition prevent you from using fixed route transit?

9. Is this a temporary disability/health condition? eg. surgery No Yes*

*If yes, how long do you anticipate requiring the use of Action Bus?

3 months 6 months 1 year

10. If the weather is good, how far can you wheel or walk before needing to rest?

1 Block 2 Blocks 3 Blocks 4 Blocks Not sure

11. If approved for the Transit Action Bus, when do you require service?

Summer only Winter only Year round Not sure

If not sure, please explain. _____

12. List your 3 most frequently visited destinations, and how you currently get there.

Address or name of destination	# of visits per month	Current mode of transportation

13. Please provide any additional information that may be relevant to this application



Red Deer Transit Action Bus Application for Service

If you, the applicant, have completed this form, please read the declaration below and sign and date at the bottom of this page.

If you are completing this form on behalf of the applicant i.e. Parent of a minor, Legal guardian, Health/Service Practitioner, Trustee, Agent, or Attorney, please provide your information below then sign and date at the bottom of this page

First Name: _____

Last Name: _____

Street Address: _____

City: _____ Prov.: _____ Postal Code: _____

Home Phone: _____ Cell # _____ Work # _____

Email _____

Relationship to applicant: _____

I hereby declare that the information provided in this application is true and correct and represents my condition, and I have read and understand the information on page one of this application and agree to comply with the Action Bus policy.

Applicant's Signature: _____

Date: _____
DD/MM/YY

Section 2a – Medical Information Consent

I agree that my doctor, nurse, or other health worker may provide information about my health issues or disability to Red Deer Transit Action Bus.

I agree that Red Deer Transit Action Bus may provide personal information to my doctor, nurse, or health worker about my health issues or disability.

**I agree to contact Red Deer Transit Action Bus if I no longer require service.
I understand that if I am inactive on the Action Bus for 120 days my subscription will be cancelled, and I will need to reapply for Action Bus service.**

I have the right to:

- Ask to view or receive a copy of my personal information.
- Withdraw consent for the release of my information to others.
- Request correction to any of my information that I believe is incorrect

Name of applicant: _____

Signature: _____ Date: _____
DD/MM/YY

Name of Parent, Legal Guardian, Trustee, Agent, or Attorney, if required

Name: _____

Signature: _____ Date: _____
DD/MM/YY

The personal information collected as a result of this signed consent, is done so under the authority of the Municipal Government Act and section 33(c) of the Freedom of Information and Protection of Privacy Act. It will be used for the purpose of determining your eligibility for specialized transit and for providing safe and efficient delivery of specialized transit services. Your information will not be shared or used for any other purpose without your consent. If you have any questions about the collection of use of your personal information, please contact the Transit Manager at 200, 7721 – 40 Ave. Red Deer, AB T4P 0K2 (403) 342-8225

Section 2b - Professional Verification

Red Deer Transit Action Bus co-ordinates accessible and specialized transportation services for The City of Red Deer. We need to determine eligibility for these services using the applicant's personal information, professional verification, and an in-person interview (if necessary). You have been selected to complete this form because you have the knowledge, training, and ability **to assess the applicant's functional and/or cognitive ability to use all city transit services.**

Professional designation:

- | | | | | | |
|-------------------------------|--------------------------|------------------------------|--------------------------|-------------------------|--------------------------|
| Doctor (Physician or Surgeon) | <input type="checkbox"/> | Psychiatrist or Psychologist | <input type="checkbox"/> | Physical Therapist | <input type="checkbox"/> |
| Occupational Therapist | <input type="checkbox"/> | Registered Social Worker | <input type="checkbox"/> | Chiropractor | <input type="checkbox"/> |
| Registered Psychiatric Nurse | <input type="checkbox"/> | Nurse Practitioner | <input type="checkbox"/> | Osteopath or Podiatrist | <input type="checkbox"/> |
| Optometrist/Ophthalmologist | <input type="checkbox"/> | Registered Nurse | <input type="checkbox"/> | | |

Applicant will be assessed on their ability to use all City Transit Services. Based on the applicant's medical assessment, they will be deemed - eligible for all trips, - conditionally eligible for some trips, or - ineligible for Action Bus. The information you provide below will help us decide on their eligibility for Action Bus service. The City of Red Deer Action Bus may contact you to clarify the information provided.

Section 2C – Applicant Medical Assessment

Applicant first and last name: _____

1. What is the primary health condition(s) or disability that prevents the applicant from using fixed route transit?

Is this condition: Permanent Temporary*

*If this is a temporary disability or health condition, how long do you expect the applicant will need Action Bus service? _____ months

2. How far can the applicant walk or wheel themselves using a mobility device before needing a rest? _____ blocks

3. Is there a history of falls or a gait concern? No Yes*

*If yes, please indicate the frequency and cause. _____

4. Please describe the applicant's day to day function in the following areas

Physical health

Sensory

Cognitive

Mental Health

Behavioural

5. Red Deer Action Bus is a shared ride service for both children and adults of all ages. Red Deer Transit Action Bus does not provide attendants to assist clients.

Does the applicant require a mandatory personal care attendant **when traveling** around the community? Yes No

6. Does the applicant's disability, health condition or equipment restrict their ability to wear a seatbelt during transportation?

Yes* No

*If yes, please provide a letter stating that the patient is exempt from using a seatbelt for medical reasons.

The Action Bus will not transport any customer without a seatbelt unless specific exemption requirements are met. The province of Alberta has specific regulatory requirements the Action Bus must follow regarding seatbelt exemptions for medical reasons. Action Bus must be made aware of any medical seatbelt exemptions that the healthcare provider deems necessary.

7. Is the applicant able to independently:

- a. travel when there is ice/snow on the ground? Yes No
- b. understand directions needed to complete a trip? Yes No
- c. travel to get to the nearest bus stop? Yes No
- d. step on and off a curb to get to a bus stop? Yes No
- e. wait at a bus stop or station, while standing or using a mobility aid? Yes No
- f. climb up and down 3 stairs on their own? Yes No
- g. board a low floor bus (a bus without steps) if there are handrails and a ramp at curb level? Yes No
- h. use a wheelchair or mobility aid to board a low floor bus unassisted? Yes No

8. Please provide any additional information regarding their ability to use fixed route transit

9. Please confirm how long you have known the applicant

Years _____ Months _____

I certify that I am currently a licensed health care practitioner under the Alberta Health Professions Act and that the above information is accurate and complete to the best of my knowledge.

Name: _____ Title: _____
(Please Print)

Clinic Name: _____

Street Address: _____

City: _____ Prov.: _____ Postal Code: _____

Phone: _____ Email _____ Date _____
DD/MM?YY

Signature: _____

Office Use only

Date application received: _____ Reviewed by: _____
DD/MM/YY

Approved Date approved _____ Duration of approval _____
DD/MM/YY

Rejected Reason for refusal: _____

Date applicant contacted _____ By Transit employee _____
DD/MM/YY