



Pelham Transit
Application for Specialized Accessible Transit

Town of Pelham
Department of Recreation, Culture and Wellness
P.O. Box 400
Fonthill, Ontario. L0S 1E0

Phone: (905) 892-2607 x 347 Fax: (905) 892-5055 Email: kblake@pelham.ca

SERVICE GUIDELINES

ELIGIBILITY CRITERIA:

- Transit riders who are residents of Pelham
- Transit riders unable to board Pelham Transit's conventional accessible vehicles, transit riders unable to meet criteria for the use of Pelham Transit's accessible conventional buses or transit riders unable to walk 175 meters (600 feet +/-) are eligible for Accessible Specialized Transit.
- Transit riders with permanent disabilities are eligible for permanent registration. Transit riders may also register on a temporary basis for a specific period of time to accommodate temporary disabilities due to illness or injury, or during a period of rehabilitation.

REGISTRATION

Pelham Transit's Specialized Accessible Transit is a service for persons who have disabilities and are unable to board regular transit. All users must be pre-registered. An "Application for Transportation" form must be completed by applicant and his/her medical practitioner and then submitted to Pelham Transit. All applications will be reviewed in accordance with the Accessibility for Ontarians with Disabilities Act (AODA) and applicants will be notified of their eligibility within 14 days of application.

SERVICE

Specialized Accessible Transit (curb-to-curb) is only available within the boundaries of the Town of Pelham. Start and end of trip must lie within the defined service area of Pelham transit.

HOURS OF SERVICE

Monday through Saturday inclusive (excluding holidays)

FARE

Transit riders pay a \$3.00 exact fare (one-way) to the Specialized Accessible Transit provider. Transit tickets are available 11 for \$30.00.

SUPPORT PERSON

Specialized Accessible Transit riders may be accompanied by a Support Person.

BOOKINGS

Transit riders book their trips directly with a private service provider approved by Pelham transit. To qualify, the start and end of any trip booked must fall within the service days/times as defined above.

Pelham Transit assumes no responsibility for the scheduling of subsidized Specialized Accessible Transit trips. Transit riders requiring Specialized Accessible Transit are advised to book their trips well in advance to ensure availability, particularly at peak travel periods or when adverse weather conditions are anticipated.

APPEALS PROCESS

Transit riders deemed ineligible to register for curb-to-curb Specialized Accessible Transit have access to the appeals process. All requests for an appeal must be received in writing to the attention of the Town Clerk, who will schedule review by the independent review panel within 30 days of the issuance date of the notification of ineligibility.

Appeals will be conducted by an independent review panel in accordance with the AODA and will be concluded as expeditiously as possible. The decision will be final upon mailing of the written determination.



Identification NO.: _____ (for office use only)

TOWN OF PELHAM TRANSIT APPLICATION FOR SPECIALIZED TRANSPORTATION

SECTION 1 (to be completed by Applicant)

PERSONAL INFORMATION (please print):

Mr. Ms. Mrs. Miss

Surname: _____ First Name: _____

Street Address: _____

Mailing Address (if different from above): _____

Town/Village: _____ Postal Code: _____

Date of Birth: _____ (dd/mm/yyyy)

Home phone: _____ Cell phone: _____

Work phone: _____ Email: _____

Preferred Method of contact: Home phone Cell phone Work phone Email

PERSON TO CONTACT IN CASE OF EMERGENCY (Optional - Local Contact Preferred)

Mr. Ms. Mrs. Miss

Surname: _____ First Name: _____

Address: _____

City/Town: _____ Postal Code: _____

Date of Birth: _____ (dd/mm/yyyy)

Home phone: _____ Cell phone: _____

Work phone: _____

Email: _____

Preferred Method of contact: Home phone Cell phone Work phone Email

The personal information that is collected by Pelham Transit is collected under the authority of the Municipal Act, 2001, S.O. 2001, c25 as amended, and is used solely for the administration of the Pelham Transit Service. This information is held in strict confidence.



Applicant Name: _____

TOWN OF PELHAM TRANSIT APPLICATION FOR SPECIALIZED TRANSPORTATION

SECTION 2 (to be completed by Medical/Health Practitioner)

PRACTITIONER INFORMATION (please print):

Dr. Mr. Ms. Mrs. Miss

Surname: _____

First Name: _____

Address: _____

City/Town: _____

Postal Code: _____

Office Phone: _____

Office Fax: _____

Email: _____

- Licensed Physician Licensed Therapist Reg'd Occupational Therapist
- Registered Nurse Licensed Chiropractor Cert. Psychologist/Psychiatrist
- Licensed Optometrist/Ophthalmologist Other (specify) _____

DISABILITY INFORMATION:

1. How is the person's mobility affected? (this question must be completed)

2. Would the applicant be physically able to board a conventional accessible bus equipped with a wheelchair/ passenger lift of 800 lb. capacity and a mobility aid securement station (scooter or wheelchair tie-down for the transportation of passengers seated in a mobility aid)? Yes No

3. Is the applicant able to walk a distance of 175 meters (600 ft.)? Yes No



4. Is the applicant at risk of falling down? Yes No
Please describe: _____

5. Do you feel this individual is safe to travel without an attendant? Yes No

6. Does the applicant require mobility devices or aids? (please check all that apply)

- Cane Crutches Walker Wheelchair
 Power Scooter Service Animal White Cane
 Other: _____

7. Are there other factors limiting the applicants functional mobility? Please explain:

8. For what time period will the applicant require the specialized accessible transportation service?

- Permanent
 Temporary (specify length of time) _____

Medical/Health Practitioner Signature

Date

For questions or more information, call Karen Blake Administrative Assistant for Recreation, Culture and Wellness, at (905)892-2607 x 347

Please return completed application in person, by mail, by fax or by email to: kblake@pelham.ca

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