HandyDART & HandyCard

Application Form

- There is no fee to apply.
- Please read the eligibility guidelines on page 4 before submitting this form.
- Ensure that all sections are completed.
- Your application must be signed; incomplete application forms will be returned.
- For help completing this form call 604.953.3680

Clear Form

Print Form

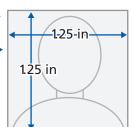
Select One or Both Programs

HandyDART

- Photos not required.
- Proceed to the Applicant Information section.

HandyCard

- You must provide 2 current hard-copy photos or 1 digital photo with your application.
- Hard-copy photos must be sized to 3.2 cm x 3.2 cm or 1.25 in x 1.25 in.
- Digital photos must be a minimum 300dpi. JPEG, TIFF, and GIF photo formats are accepted.
- Photos will not be returned.



Applicant Information

Mr. Mrs. Ms. Last Name First Name

Middle Name Preferred Name/ Also Known As

Date of Birth

MM DD YYYY

Address Apt/Unit #

City Province BC Postal Code

Phone Cell Phone

Email

Pick up information for HandyDART applicants:

Name of care home, facility, or long-term care if applicable

Intercom/Buzzer

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

If mailing address is different from above, please provide:

Address Apt/Unit #

City Province BC Postal Code





Applicant Information Continued

Emergency Contact: Last Name First Name

Phone Cell Phone Relationship to Applicant

Does your disability always require you to travel with an attendant to assist you? Yes No

What is preventing you from using the regular transit system (that is, public transit buses, SkyTrain, SeaBus or West Coast Express) without assistance?

Are you able to use SkyTrain, SeaBus or West Coast Express as part of your trip with HandyDART? - for example, when HandyDART is unavailable to do the whole trip.

Yes No

When traveling with HandyDART, what mobility aids do you use?

Crutches	Cane	Portable Oxygen	Registered Assist Animal	Not Applicable
				Go to the next section

Mobility Device Dimensions Length Width Brand Name

Walker

Wheelchair / Scooter *

Authorization

For the purpose of determining my eligibility for HandyDART and/or HandyCard, I authorize Access Transit to contact, as required, any of the following identified below: the named "Official", my medical specialist and/or my family physician.

I understand that personal information collected on this form and as part of this process is required for the purpose of determining my eligibility for the HandyDART and/or HandyCard program(s) and that collection of this information is authorized by section 26(c) of the Freedom of Information and Protection of Privacy Act. Questions regarding collection and use of this information may be directed to Coast Mountain Bus Company, Access Transit Department, 700-287 Nelson's Court, New Westminster, BC V3L 0E7; 604.953.3680.

In addition, I consent to the disclosure of my HandyDART identification number to any caregiver, nursing home, care home, guardian or other person who may contact Access Transit, to allow such person to book a HandyDART trip on my behalf.

1. If the applicant has the mental capacity to make the decision to authorize the application but is not physically able to sign the form, the person who has explained the form to the applicant (and received a verbal or physical gesture of consent from the applicant) can sign the form. This consent, and how it was obtained, must be recorded next to the signature.

(continued on next page)





^{*} Must not exceed maximum weight and dimensions. Maximum weight supported including the HandyDART driver is 364 kg or 800 lb. Maximum dimensions are L 122 cm/48 in, W 94 cm/37 in.

Authorization (continued)

2. If the applicant does not have the mental capacity to make a decision regarding authorization, the applicant's legal guardian may sign on the applicant's behalf. The legal guardian must make a note of this next to the signature.

Notes:

Signature of applicant, personal representative or legal guardian

Verification

This section must be completed by a medical authority.

A Nature of disability / medical condition, see page 4 for examples.

B Can the applicant use the conventional transit system unassisted (i.e. the bus, etc.)? All conventional transit vehicles are wheelchair accessible.

Yes Explain

No Explain how the disability prevents the applicant from using the conventional transit system. Provide as much detail as possible, see page 4 for more information.

C Is this inability to use conventional transit unassisted:

Permanent Temporary

How long do you estimate it will last?

D A Code 99 notation means that the customer cannot be left unattended at either their residence or any other destination. Someone must be there to receive them to ensure their safety.

Does this applicant need to be identified as Code 99? Required

Yes No

Official's Name Organization

Position Address

City Postal Code Phone

Fax Date

MM DD YYYY

Signature of Official





Eligibility Guidelines

These guidelines will assist in determining if a person is eligible for HandyDART services and/or the HandyCard.

HandyDART

Eligible users are defined as persons who have either a temporary or permanent, physical or cognitive disability that is sufficiently severe that they are unable, without assistance, to use conventional transit. Applicants must be at least 12 years old. HandyDART is a door-to-door, public transit service, which uses specially equipped vehicles designed to carry passengers. Visitors to the Metro Vancouver area should use the Visitor Application Form.

HandyCard

Eligible users are defined as persons who have either a permanent physical or cognitive disability that is sufficiently severe that they are unable, without assistance, to use conventional transit. Applicants must be at least 12 years old and residents within TransLink's service region. Handy-Card is a photo-identity card. The holder of the card is entitled to concession fares on TransLink buses, SkyTrain, SeaBus and West Coast Express, with the attendant travelling free. HandyCard must be provided for the Taxi Saver program if you qualify.

Before completing the Verification section (page 3) refer to these guidelines:

This section must be completed by a senior official of a recognized social service or health agency (family doctor, medical specialist, public health nurse or long-term care administrator).

Applicants must be signed and completed, otherwise the incomplete forms will be returned to the customer at the address provided on page 1.

Resources are limited, it is important that this service be directed only to those who must depend on it for transportation; please clearly state the medical condition. Your cooperation is appreciated.

Examples for question A are:

Loco-motor related disabilities

- arthritis
- limb loss
- multiple sclerosis
- conditions of a similar nature

Neurological related disabilities

- cerebral palsy
- mental disability
- dementia
- conditions of a similar nature

Sensory related disability

- vision impairment

Medical conditions

- heart conditions
- respiratory problems
- epilepsy of a nature not easily controlled by drugs

Email and Mail Instructions

Email your application to:

atcc@translink.ca

OR

Mail your application to:

Coast Mountain Bus Company Access Transit Department 700-287 Nelson's Court, New Westminster, BC V3L 0E7

- Your application must be signed, incomplete application forms will be returned.
- HandyDART applications are processed within 10 days of receipt.
- Allow 4 6 weeks processing time for a HandyCard.

HandyCard applications must have 2 hard-copy photos or 1 digital photo. See page 1 for photo guidelines.



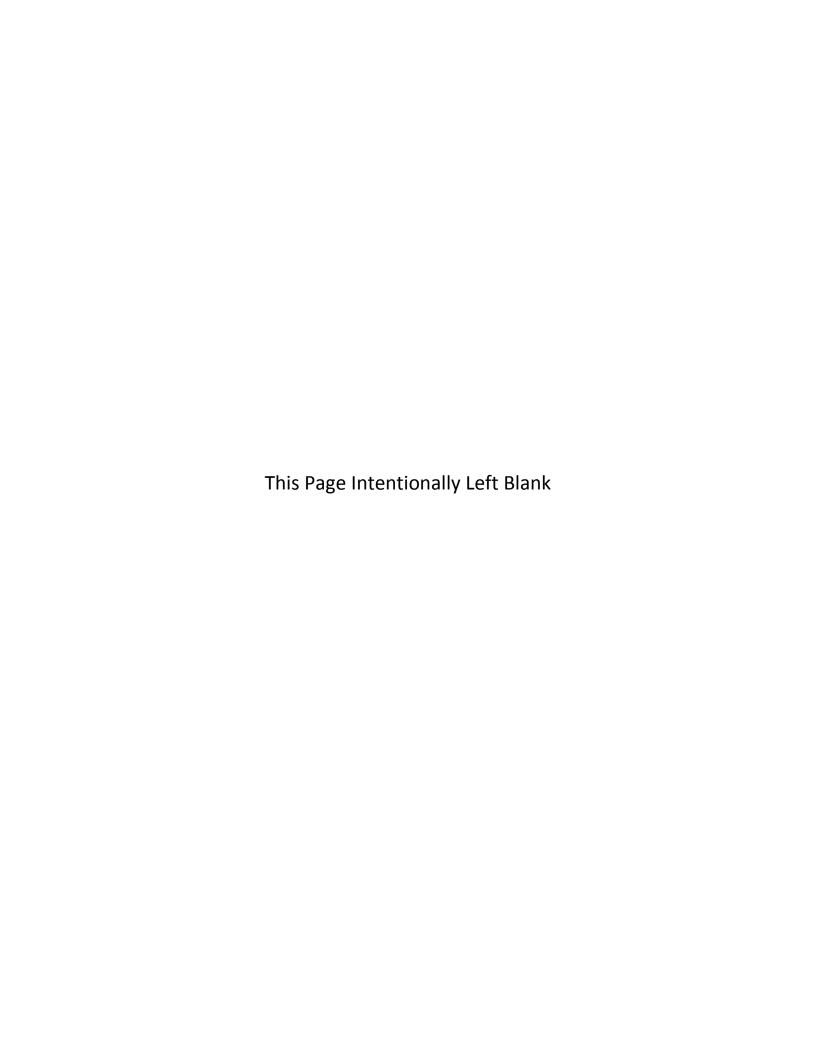


HandyDART/Handy Card Application Requirements Checklist

 Did you check the box(es) to specify applying for the HandyDART, Handy Card, or both programs? If applying for the Handy Card program, did you include two photos (these can also be sent later)?
Applicant Information section: □ Did you include the following information? □ Full Name □ Date of birth □ Complete address
Authorization section: □ Did you sign at the top of page 3?
 Verification Section: □ Did the doctor/medical authority answer Questions A through D? □ Is the doctor's/medical authority's information written (name, number, etc.) on the form? □ Did the doctor/medical authority sign at the bottom of page 3?
Code 99: A Code 99 designation requires that the client be received by another person at all of their trip destinations. This is usually meant for clients who have a risk of wandering if left on their own. If the client always travels with an attendant, the Code 99 would be unnecessary as there is always someone with the client.
If you answered 'Yes' to 'Does your disability always require you to travel with an attendant to assist you?' on page 2, and the doctor/medical authority answered 'Yes' to Question D in the Verification section, this will cause a booking conflict. One of the answers must be changed to a 'No.'
If the client will not be travelling with an attendant at all times, please amend your answer on page 2 (if the client does need to travel with an attendant for certain trips, you may inform the booking agent when you book the trip).
-OR-
☐ If the client is always travelling with attendant, please complete the enclosed Application Clarification so we may remove the Code 99 designation

If you need further assistance, please give us a call at 604-953-3680.

TRANS LINK







Application Clarification

Re: An application for a person who always travels on HandyDART with an attendant

You are receiving this letter of clarification because the application attached indicates that the applicant must always travel with an attendant, as well as be treated as a "Code 99" customer.

"Code 99" requires that the customer be received by another person at their trip destination. As it has already been indicated that the applicant will always travel with his/her attendant (as provided by the applicant), the "Code 99" designation does not apply.

Please sign and return this form with the original application. Your signature confirms that this applicant will **not** be designated as "Code 99" and will only be able to travel on HandyDART with his/her attendant.

Personal Representative or Caregiver	Relation to Client	
Signature of Personal Representative/Caregiver	Date	
Applicant Name (please print)		

