

Gananoque Wheels of Care Association

Providing Specialized Non-Emergency Medical and Community Transportation

Passenger Application Form

Version 2020-3

This form is for use by persons who wish to apply for Gananoque Wheels of Care Vehicle, which provides “door to door” specialized transit for Gananoque and TLTI residents. Gananoque Wheels of Care Vehicle is operated by Gananoque Wheels of Care Association, a charitable, not for profit organization. It is not operated by the Town of Gananoque or the TLTI.

If you have any questions, or need assistance to complete this form, please call Gananoque Wheels of Care at 613-382-4831 or email at gananoquewheelsofcare@gmail.com. The information obtained in this form will only be used by Gananoque Wheels of Care Association to assess the applicant’s eligibility. All information contained in this application will be kept confidential. Gananoque Wheels of Care Association does not provide this information to any other organizations.

Who Qualifies?

In order to become a registered passenger of Gananoque Wheels of Care Vehicle, a person must: **Have a disability** as per the integrated Accessibility Standard (Ont. Reg. 199/11) and Accessibility for Ontarians with Disabilities Act 2005 (A.O.D.A.) **which prevents** the person from using conventional transportation service.

Eligibility for Gananoque Wheels of Care Vehicle is considered on a case-by-case basis and is based solely on the applicant’s disabilities and medical conditions preventing them from using other transportation services.

Eligibility is not based on:

- Age, or a specific health condition:
- Loss of driver’s license, inability to drive, or not having a personal vehicle:
- Lack of availability of other transportation services
- Financial need including inability to pay for taxis (please note: ODSP recipients are not automatically eligible for specialized transit services.

Some applicants may only be eligible for service during certain periods of the year.

Passengers whose medical conditions require specific transportation (e.g. extreme fragility requiring transportation below regular speeds or inability to remain on the vehicle for up to 1 hour) need to contact a non-emergency medical carrier for transportation.

Applicants who reside outside the town of Gananoque or TLTI may be eligible to use the service within the Town of Gananoque or TLTI limits provided they meet the eligibility requirements as outlined above. If you do not reside within the Town of Gananoque or TLTI, please contact your local municipality regarding transit services.

How to Apply for Gananoque Wheels of Care Vehicle

1. Complete “Part A: Applicant Information” (pages 6-11): This section contains contact information for the applicant, and questions about the applicant’s medical conditions and how they impact the applicant’s ability to use conventional transit. This is to be completed by the applicant, or a designate acting on their behalf. This part also includes your consent for Gananoque Wheels of Care association to contact your healthcare professional for additional information or clarification if required.
2. Have your Healthcare Professional complete “Part B: Healthcare Professional Certification” (pages 12-18). Part B must be received by Gananoque Wheels of Care Association within 3 months of the date the healthcare professional completes the form.
3. Return parts A & B to Gananoque Wheels of Care Association via one of the following methods:
 - a. Scan ((PDF format only) and e-mail to gananoquewheelsofcare@gmail.com
 - b. Mail/deliver to: Gananoque Wheels of Care Association, 22 Princess Street, Gananoque, Ont.K7G 2N1

Please Note:

4. Any fees charged by your Healthcare Professional for completion of the forms are the responsibility of the applicant. **Your Healthcare Professional cannot guarantee eligibility.**
 - Only applications with both Parts A & B fully completed will be considered for approval; illegible applications (including Part B: Healthcare Professional Certification) will not be processed and will be returned to the applicant.
 - Applicants may be required to attend an “Eligibility Assessment” at Gananoque Wheels of Care Association office. Should an applicant require an assessment, Gananoque Wheels of Care Association will contact the applicant for scheduling. Refusal to attend an assessment will result in the application being declined.

Registration may take up to 14 days upon Gananoque Wheels of Care receiving the fully completed application package, and the applicant attending the Eligibility assessment (if required). All applicants will be contacted regarding the determination of their eligibility.

Appeal process:

Applicants who are declined due to not meeting the eligibility requirements may appeal this decision. The applicant must submit a request for appeal in writing within 30 calendar days from the date of the original eligibility decision letter.

The appeal will be heard first by a subcommittee of the Gananoque Wheels of Care Association Board of Directors. Should the appeal be declined by the subcommittee, the applicant may request a further appeal to an independent arbiter appointed by the Board. No subsequent application may be filed until 6 months after the date of the final appeal decision, unless evidence of material change in circumstances is provided with a new application.

Categories of eligibility:

Gananoque Wheels of Care Association offers three categories of eligibility consistent with the Integrated Accessibility Standards Regulation (IASRO, Reg 191.11) and the Accessibility for Ontarians with Disabilities Act (AODA) 2005.

- a. Unconditional Eligibility – Applicant has a disability which prevents them from using conventional transit services.
- b. Temporary Eligibility – Applicant has a temporary disability (e.g. broken leg) that prevents them from using conventional transit services for a defined period of time.
- c. Conditional Eligibility – Applicant has a disability where environmental or physical barriers limit their ability to consistently use conventional transit. An applicant who qualifies for conditional eligibility may be able to use conventional transit for part of their trip, but may also qualify for specialized transit under specific circumstances (e.g. winter weather conditions, travel to a non-accessible location).

Companions & Support Persons:

Passengers may have one companion OR support person travel for free.

Please inform at the time of booking if a companion will be going with you. Please note: A registered passenger cannot travel as a free companion of another registered passenger.

Gananoque Wheels of Care Association is not an attendant care service. If you require a “support person” during transportation to assist with communication, mobility, personal care, or medical needs, this person must be provided by you. Gananoque Wheels of Care vehicle drivers cannot provide special medical assistance to passengers (e.g. feeding tubes, administering medication such as inhalers). A registered passenger may act as a support person for another registered passenger during transportation: however, as a registered passenger they too must pay a fare for transportation. Please note:

- The person travelling as a support person must always be capable of meeting the needs of the passenger during transportation.
- If you or your healthcare practitioner indicates that you need a support person, this will apply to all trips and destinations you travel to/from.

Passengers who document as having seizures may be required to travel with a support person.

Passengers who cannot be left alone at destination:

If the passenger can travel on the vehicle unattended; however, cannot be left unattended at their destination please indicate on page 10 and 12 of the application form. The passenger may travel independently but a caregiver must be at the destination to receive the passenger. This designation will apply to all trips and destinations you travel to. To avoid delays to our service, we require the caregiver to be at the destination when the vehicle arrives. If someone is not available to receive you, Gananoque Wheels of Care Association does reserve the right to require the passenger to travel with a support person at all times.

Video Surveillance:

Vehicle may be equipped with video cameras which include audio. Cameras are to enhance the protection and safety of employees, passengers, vehicles and the general public; and assist in the investigation and resolution of passenger/general public/driver complaints. The camera system cannot be viewed in real-time. The video is stored on a secure on-board Digital Video Recorder hard drive, and can only be accessed by authorized Gananoque Wheels of Care volunteers. The information is collected under the legal authority of the Municipal

Freedom of Information and Protection of Privacy Act. If you have any questions regarding the collection, use, and disclosure of the video surveillance footage, please contact Gananoque Wheels of Care Association.

Other information Note Gananoque Wheels of Care Association reserves the right to amend all policies.

- Once registered, passengers who are inactive (i.e. do not use the service) for 3 years may have their registration cancelled and be required to reapply.
- All registered passengers must pay a fare for each trip. Prices subject to change.
- Once registered, passengers may book trips in advance. Same day service can be accommodated provided there is remaining availability. Gananoque Wheels of Care Association does not and is not permitted by law to prioritize trips based on purpose, pick-up location, or destination. All trips are on a first-come, first-serve basis based on availability.
 - o While we endeavor to accommodate all trips, there may be times where we will not be able to meet your requests. Gananoque Wheels of Care Association does maintain a wait list in the event an opening does come available.
 - o As a transit service, we will in many instances pick up and drop off other passengers on route to your destination. If you have a specific appointment time at your destination, please make us aware at the time of booking so this can be factored into your pick-up time.
- We encourage passengers when going to locations with multiple entrances to ask at the time of making their booking the exact drop-off/pick-up location at a destination. For example: Our vehicle does not fit under the awning of the main entrance at Hotel Dieu Hospital. As a result, we only pick-up and drop-off at the Urgent Care doors immediately off of Brock Street.
- To accommodate as many trips as possible, passengers need to provide as much notice as possible when cancelling a trip so that we may attempt to accommodate other passengers. Excessive cancellations with less than 24 hours notice and/or failing to show for a scheduled bus may result in progressive actions up to and including limitations on booking privileges. Please contact our office for more information on our Late Cancellation policy.
 - o Note: When a passenger is a “no-show” for a scheduled vehicle, their remaining trips for that day are automatically cancelled.
- Passengers are to be ready 10 minutes before their booked pick-up time. Drivers may arrive within a “window” of 10 minutes BEFORE or AFTER your booked pick-up time. To ensure other passengers are not inconvenienced, drivers are not required to wait more than 15 minutes provided the bus arrives within the “window” time.
- Drivers do not accompany passengers beyond the building entrance, nor are they required to ring a buzzer/doorbell to inform of their arrival, nor search when the passenger is not at the exterior entrance. Passengers are to be ready at the exterior door with coats, boots, etc. already on.

- It is the responsibility of the passenger to ensure that laneways, driveways, ramps etc. of residences (including multi-residence apartment units) are maintained in safe condition and clear of snow/ice. Failure to do so may result in transportation being denied.
- Personal items (i.e. luggage, parcels, groceries) are limited to those which the passenger, support person, or companion can handle without assistance from the driver and be safely secured by the passenger. Drivers are not required to carry items to/from or on/off the vehicle for passengers.
- Gananoque Wheels of Care vehicle has a NO SCENT policy. Please refrain from wearing scented products while being transported. Passengers must ensure their hygiene will not disturb the reasonable comfort or public health of other passengers, or the driver.
- Passengers who use service animals must complete a “Service Animal Registration Form”. Please contact our office to obtain a copy of the form. Pets are not permitted unless being transported in an appropriate travel carrier directly to/from a veterinary clinic.
- **Verbal abuse, physical abuse, or unacceptable behavior on the part of passengers, those travelling with passengers, or those responsible for passengers, towards any passenger or Gananoque Wheels of Care Association volunteers (including drivers and call center coordinators) will not be tolerated and may result in suspension of registration and police being notified.**
- More information about the Gananoque Wheels of Care Association can be obtained via
 - o Call Council of Public Health Consultants (CPHC) at 1-800-465-7646 x2034 or e-mail gananoquewheelsofcare@gmail.com.

PART A: APPLICANT INFORMATION	OFFICE USE ONLY (Vers. 2019-12)												
	REGISTRATION #						Date						
													2

Pages 1-5 of this registration package contain information about Gananoque Wheels of Care Association including the registration process, and important operational policies and procedures. By submitting this application form (including applications completed by a 3rd party on behalf of the applicant) the applicant is agreeing to all terms and conditions of the use of Gananoque Wheels of Care vehicle. If you are completing this application on behalf of an applicant we suggest you provide pages 1-5 of this package to them or their caregiver.

TO BE COMPLETED BY THE APPLICANT OR A PERSON ACTING ON BEHALF OF THE APPLICANT											
<input type="checkbox"/>	Mr.	<input type="checkbox"/>	Mrs.	<input type="checkbox"/>	Ms.	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Mx.		
Last name of applicant						First name of applicant					
Home address of applicant										Apt. #	
City						Postal code					
Home phone number						Work /Cell phone number					
Date of birth (day/month/year)											
E-mail address											

- If the applicant's mailing address differs from the above, please write the mailing address in "Question 8"
- We require a mailing address to send the applicant their initial registration package

EMERGENCY CONTACT INFORMATION

Last name of emergency contact

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First name of emergency contact

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Relationship to applicant

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Phone number of emergency contact

			-																	
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Alternate number of emergency contact

			-																	
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Emergency Contact E-mail address

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IF YOU ARE COMPLETING THIS FORM ON BEHALF OF APPLICANT, PLEASE COMPLETE THE FOLLOWING, OR CHECK IF THE SAME AS EMERGENCY CONTACT LISTED ABOVE: []

Last name of person completing form

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First name of person completing form

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Phone number of person completing form

			-																	
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Relationship to applicant

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If you would like to add more emergency contacts, please record the name and contact information on question 8.

Who should Gananoque Wheels of Care contact if more information is needed, or to arrange the functional assessment (if required), or to communicate that the application has been approved/declined?

[] The applicant [] The Emergency Contact

[] The person who completed the application (if different than applicant/emergency contact)

If you are already registered with another specialized transit operator in another municipality, please provide the municipality/name of the operator and your passenger identification number (if known):

_____ Municipality/name of specialized transit operator

1a. Please identify any disability conditions that affect your ability to use conventional transportation. The more information you provide us assists us in determining your eligibility.

Disability Conditions(s)	Always affects my ability	Sometimes affects my ability	Explain in detail how and why this condition affects your ability to use conventional transportation.
Physical	[]	[]	
Sensory (e.g. sight, hearing)	[]	[]	
Cognitive	[]	[]	
Other (please see below note)	[]	[]	

Note: Age, financial need (including inability to afford taxis, qualifying for ODSP), other transit options not operating in area (including rural areas), lack of sidewalks, inability to drive, and unwillingness or reluctance to use conventional transportation, are not considerations for specialized transit eligibility.

1b. Is your disability(ies)/medical condition(s):

[] Permanent [] Temporary [] If temporary, for how long: _____

2. Please identify which aids/devices you use and indicate if the aid/device is your main aid that would be used during transportation or occasionally used during transportation.

<input type="checkbox"/> No aid/device used		
<input type="checkbox"/> Manual Wheelchair (see notes i, ii, iii, below)	<input type="checkbox"/> Main	<input type="checkbox"/> Occasionally used
<input type="checkbox"/> Power Wheelchair (see notes i, ii, iii, below)	<input type="checkbox"/> Main	<input type="checkbox"/> Occasionally used
<input type="checkbox"/> Walker (see note ii below)	<input type="checkbox"/> Main	<input type="checkbox"/> Occasionally used
<input type="checkbox"/> 3 or 4-Wheel-scooter (see notes i, ii, iii, iv below)	<input type="checkbox"/> Main	<input type="checkbox"/> Occasionally used
<input type="checkbox"/> Cane / Crutches or White/long cane	<input type="checkbox"/> Main	<input type="checkbox"/> Occasionally used
<input type="checkbox"/> Oxygen	<input type="checkbox"/> All the time	<input type="checkbox"/> Occasionally used
<input type="checkbox"/> Service animal (see note v below)	<input type="checkbox"/> All the time	<input type="checkbox"/> Occasionally used
<input type="checkbox"/> Other: _____	<input type="checkbox"/> All the time	<input type="checkbox"/> Occasionally used

i. mobility devices must completely fit within 83cm/33inches wide by 134cm/53inches long AND must not prevent the vehicle lifts outside safety barriers from activating. The combined maximum weight that can be accommodated is 363kg/800lbs (passenger & aid device). If you are concerned about the size of your mobility device please contact our office.

ii. All mobility aids must be kept clean, hygienic, and in good repair or they will not be transported. All wheelchairs, scooters, and walkers must have functioning brakes. It is strongly recommended that all wheelchairs have lap belts and footrests. Gananoque Wheels of Care Association reserves the right to require such for passengers should a safety issue be identified.

iii. Mobility aids which cannot be properly secured will not be transported. Bags, parcels, etc. on mobility aids must not interfere with or limit the driver's ability to apply the securement system. Wheelchairs with trays may prevent the vehicles lap belt from being applied properly.

iv. All passengers who utilize a 3-wheel scooter MUST transfer to a regular seat during transit. The passenger must be able to do so with minimal assistance from the driver.

v. Service animals must be registered with Gananoque Wheels of Care Association.

It is the responsibility of passengers who utilize multiple types of mobility aids (e.g. wheelchairs for some trips, walker or no device for others) to inform Gananoque Wheels of Care Association of which type of mobility aid they will be using for their trip when booking. Gananoque Wheels of Care Association is not responsible for unaccommodated trips due to the passenger not informing at the time of booking which mobility device they will be utilizing.

3a. Are you physically able to walk 175 meters (575 feet)?

Yes Yes if I have a support person with me No

3b. If you answered "yes" or "yes if I have a support person with me" to question 3a: Do seasonal weather conditions such as snow/ice or extreme heat prevent you physically from walking 175 meters (575 feet)?

Yes No

3c. Is the applicant legally blind (visual acuity of 20/200 at best and /or a visual field of less than 20 degrees)?

Yes No

3d. Does the applicant have a history of falls due to disabilities/medical conditions?

yes No

4a. Can you independently address any personal special medical needs that may arise during transportation (e.g.medical tubes, administering medications such as inhalers, etc)? Passengers who document having seizures may be required to travel with a support person.

Yes No

4b.The Vehicle operator will be absent from the vehicle while escorting other passengers to/from building entrances. Can you safely be left on the vehicle unattended without attempting to disembark and leave, disrupt other passengers, etc?

Yes No

4c. Will you require a support person to accompany you on the vehicle for communication, personal care, mobility, or medical needs? Please note:

-If you answered “no” to 4a or 4b, a support person is mandatory. It is the responsibility of the passenger to arrange a support person. The support person must be capable of meeting the needs of the passenger during transportation. Another registered passenger may travel as a support person provided they are capable of acting as such, however as a registered passenger..

Yes I will require a support person. Service will only be provided when a support person is travelling with you. This will apply to all destinations you travel to.

No I do not require support person travelling with me all the time. Note: If you occasionally require assistance, it is you or your designates responsibility to inform when making a trip booking of a companion travelling for the trip. **A registered passenger cannot travel as a free companion.**

4d. If you answered “no” to question 4c: Once at your destination, can you safely be left unattended on your own, and are capable of independent mobility inside of your destination? Please note:

- Gananoque Wheels of Care provides assistance to and from the exterior building entrance doors, provided the vehicle remains visible to the driver and within close proximity. Drivers do not assist beyond the exterior building entrance.
- Passengers who cannot be left alone are designated as “care to care” and must be met by a person responsible for the passenger at the destination. This designation will apply to all destinations to which the passenger travels.
- It is mandatory for passengers who cannot be left alone at their destination to provide an emergency contact.

Yes I can be safely left on my own at my destination. This will apply to all destinations to which the passenger travels.

No I cannot be left unattended at my destination, and must be met by a responsible person at the destination. This will apply to all destinations to which the passenger travels.

5. Does your residence exterior entrance have the following:

Ramp Steps If so, how many: _____

Drivers will assist passengers in manual wheelchairs up/down a maximum of 1 step or up/down ramps provided doing so can be done safely and without risk of injury. Drivers are not required to operate motorized lifts at the destination.

6. Gananoque Wheels of Care occasionally utilizes taxis for passengers who are ambulatory (i.e. use walkers, canes, etc.) when issues such as breakdowns arise. Which best applies to your ability to use regular taxis (4 door sedan style)?

- Yes I can transfer in/out and can safely travel via regular taxi.
- Yes I can transfer in/out and can safely travel via regular taxi with a support person.
- No I cannot transfer in/out or safely travel via regular taxi at any time.

8. Please provide any other information you believe will be helpful to us in determining our eligibility and providing safe and efficient transportation for you. Note: Please review our qualifications information for specialized transit service.

Applicant or Designate Signature:

By signing below, the applicant and/or the person acting on behalf of the applicant:

- Certify that the information provided in this application is true and correct and understand that misinformation or misrepresentation of the facts will be cause for disqualification or rejection of eligibility.
- Understand and hereby consent that Gananoque Wheels of Care Association may contact the healthcare professional completing Part B if additional information relating to the applicant’s medical conditions is required to determine or if clarification is required.
- Is aware that any changes to the applicant’s disability(ies), assistive devices, personal information (e.g. address), or if service is no longer required must be communicated to Gananoque Wheels of Care Association.

Signature of applicant or person completing on behalf of applicant

Date

Before submitting this application: Please ensure you have fully completed Part A: Applicant Information and your Healthcare Professional has fully completed Part B: Healthcare Professional Certification. We recommend that you make a copy of the entire application for your records in the event the original is not received by Gananoque Wheels of Care Association. If you have completed on behalf of the applicant we recommend providing them with a copy of the application.

Part B: Healthcare Professional Certification	
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You are being asked by the applicant to provide information regarding his/her disabilities and /or medical conditions to Gananoque Wheels of Care Association which operates an accessible vehicle providing specialized transit to residents of Gananoque and TLTI. The information you provide will be used to determine if the applicant meets the eligibility criteria for specialized transit, and if so provide appropriate service. Completing this form does not guarantee eligibility.

Applicants would be considered eligible if they have a disability as per the integrated Accessibility Standard (Ont. Reg. 199/11) and Accessibility with Ontarians Disability Act 2015 (A.O.D.A.) **which prevents the person from using conventional transportation.** Eligibility is considered on a case-by-case basis solely if the applicant's disabilities or medical condition(s) prevent them from using conventional transit. Any charges for completing this form is the responsibility of the applicant.

Forms which are illegible/vague/incomplete will be returned to the applicant. The applicant (or designate completing the application on their behalf) in Part A of this application has authorized Gananoque Wheels of Care Association to contact/communicate with you if additional information, including personal health information, documentation and/or clarification is required to evaluate this application.

Part B must be completed in full by the Healthcare Professional, not the applicant.

Last name of Healthcare professional completing form																			

Professional Designation (must be a regulated/licensed healthcare professional according to the nature of the applicant's disabilities):

- Physician/Surgeon
 Registered Nurse
 Audiologist/Optometrlist
 Occupational Therapist/Recreational Therapist/ Physiotherapist/Chiropractor
 Phycologist/Psychiatrist

Phone number of Healthcare professional									
			-			-			

Name of patient this form is being completed on behalf of:																			

Approximately how long has this patient been under your care? ____ Years ____ Months

1a. Please describe in detail the nature and severity of the disabilities/medical conditions that prevent the applicant from using conventional transportation. The more information you provide assists us in determining eligibility. Eligibility is not based on: age, financial need, availability of other forms of transit in the area (including rural areas), lack of sidewalks, inability to drive, and unwillingness or reluctance to use conventional transportation.

Disability:	Permanent	Temporary (Duration)	Episodic/ Sporadic	Frequency
Physical - Specify:	[]	[] ____months	[]	
Sensory - Specify:	[]	[] ____months	[]	
Cognitive - Specify:	[]	[] ____months	[]	
Other - Specify:	[]	[] ____months	[]	
No Disability	[]			

1b. Identify and explain the impact of the applicant’s disability(ies) on their ability to travel independently on conventional transit.

Impact	Explain
<input type="checkbox"/> Mild	
<input type="checkbox"/> Moderate	
<input type="checkbox"/> Severe	
<input type="checkbox"/> No Impact	

2. Please identify which aids/devices the applicant uses and indicate if the aid/device is their main aid that would be used during transportation or occasionally used during transportation.

<input type="checkbox"/> No aid/device used		
<input type="checkbox"/> Manual Wheelchair	<input type="checkbox"/> Main	<input type="checkbox"/> Occasionally used
<input type="checkbox"/> Power Wheelchair	<input type="checkbox"/> Main	<input type="checkbox"/> Occasionally used
<input type="checkbox"/> Walker	<input type="checkbox"/> Main	<input type="checkbox"/> Occasionally used
<input type="checkbox"/> 3- or 4-Wheel scooter	<input type="checkbox"/> Main	<input type="checkbox"/> Occasionally used
<input type="checkbox"/> Cane / Crutches or White / Long Cane	<input type="checkbox"/> Main	<input type="checkbox"/> Occasionally used
<input type="checkbox"/> Oxygen	<input type="checkbox"/> All the time	<input type="checkbox"/> Occasionally used
<input type="checkbox"/> Service animal	<input type="checkbox"/> All the time	<input type="checkbox"/> Occasionally used
<input type="checkbox"/> Other: _____	<input type="checkbox"/> All the time	<input type="checkbox"/> Occasionally used

3a. Is the applicant physically able to walk 175 meters (575 feet)?

Yes Yes if they have a support person with them No

3b. If you answered ‘yes’ if they have a support person with them” to question 3a: Does seasonal weather conditions such as snow/ice or extreme heat prevent the applicant from physically walking 175 meters (575 feet)?

Yes No

3c. Is the applicant legally blind (visual acuity of 20/200 at best and/or a visual field of less than 20 degrees)?

Yes No

3d. Does the applicant have a history of falls due to disabilities/medical conditions?

Yes No

3e. Gananoque Wheels of Care vehicle is a shared ride transit service. Other passengers will be picked up and dropped off while on route to their destination. No passenger is guaranteed a direct trip or a trip without other passengers on-board. Do the applicant's medical conditions allow them to be on the vehicle for up to 1 hour at a time, with up to 8 other passengers?

Yes No: The applicant will require non-emergency medical transportation.

4a. Can the applicant independently address any personal special medical needs that may arise during transportation (e.g. medical tubes, administering medications such as inhalers, etc)? Passengers who document having seizures may be required to travel with a support person.

Yes No

4b The vehicle operator will be absent from the vehicle while escorting other passengers to/from building entrances. Can the applicant safely be left on the vehicle unattended:

- | | | |
|---|------------------------------|-----------------------------|
| i. Without attempting to disembark and leave | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ii. Causing harm to themselves or others | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| iii. Making a verbal or physical threat of violence or harm | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

4c. Does the applicant require a support person for communication, personal care, mobility, or medical needs to accompany them on the bus? Please note: if you answered "no to 4a or 4b, a support person is mandatory for the applicant.

Yes the applicant will require a support person at all times. Service will only be provided when a support person capable of meeting their needs during transportation is travelling with them. This will apply to all destinations to which the applicant travels.

No the applicant does not require support person travelling with them all the time. Note: If the applicant occasionally requires assistance it is the responsibility of the applicant or a person responsible for them to book a support person for those trips requiring assistance.

If the applicant requires a support person this is due to (check all that apply):

- | | | |
|--|---|---|
| <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Cognitive Disability | <input type="checkbox"/> Sensory Disability |
| <input type="checkbox"/> Behavioral issues | <input type="checkbox"/> Medical needs/Seizures | <input type="checkbox"/> Wandering Risk |

4d. If you answered “no” to question 4c: Once at their destination, can the applicant safely be left unattended on their own? Please note: Gananoque Wheels of Care vehicle provides assistance to and from the exterior building entrance doors, provided the vehicle remains visible to the driver and within close proximity. Drivers do not assist beyond the exterior building entrance. Passengers who cannot be left alone at the destination are designated as “care to care” and must be met by a responsible person at the destination. This will apply to all destinations to which the applicant travels.

Yes the applicant can be safely left on their own at their destination. This will apply to all destinations to which the applicant travels.

No the applicant cannot be left unattended at their destination, and must be met by a person responsible for their care at the destination. This will apply to all destinations to which the applicant travels.

5. Gananoque Wheels of Care Association occasionally utilizes taxis for passengers who are ambulatory (i.e. use walkers, canes, etc.) when issues such as breakdowns arise. Which best applies to the applicant’s ability to use regular taxis(4 door sedan style)?

Yes they can transfer in/out and safely travel via regular taxi.

Yes they can transfer in/out and can safely travel via regular taxi with a support person.

No they cannot transfer in/out or safely travel via regular taxi at any time.

6. Is there anything else we should know about the applicant’s disability(ie)

7. It is my professional opinion that the applicant requires specialized transit due to their disability(ies/medical condition(s)):

- On a permanent basis Temporarily – Est. # of months needing service: _____
- In winter conditions (permanently) In summer conditions (permanently)
- The applicant does not require specialized transit services

I hereby certify that Part B has been completed by myself (not the applicant) and the information provided is accurate and complete to the best of my knowledge.

Signature of Healthcare Professional Completing This Form	Date