

# Guelph Mobility Service Eligibility Application



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## Instructions

### Introduction

Guelph Transit operates and maintains a public transit system within and around the City of Guelph. The system consists of both conventional and specialized transportation services (Guelph Transit Mobility Service).

Guelph Transit Mobility Service provides a safe and reliable transportation option for persons with disabilities to travel with freedom and dignity. Applicants may be eligible for Mobility Service if their disability prevents them from using Guelph Transit's conventional transit for all or part of their trip. Disabilities may be permanent and/or temporary and are those identified in the Ontario Human Rights Code including, but not limited to physical, sensory, cognitive, and mental health disabilities.

### Categories of Eligibility

Mobility Service 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.

- Unconditional - A person with a disability that prevents them from using conventional transit.
- Conditional - A person with a disability where environmental or physical barriers limit their ability to consistently use conventional transit. An applicant who qualifies for conditional service may be able to use conventional transit for all or part of their trip but may also qualify for specialized transit under specific circumstances (e.g., weather, travel to a non-accessible location).
- Temporary - A person with a temporary disability that prevents them from using conventional transit. An applicant who qualifies for temporary service requires specialized transit for a defined period of time.

### Helpful Definitions:

- Conventional transportation services mean fixed-route service on conventional buses (including community buses.)
- All of Guelph Transit's conventional buses are accessible.
- Specialized transportation services mean pre-arranged door-to-door service on mobility transit for registered users.

### How to Apply for Mobility Service

The Mobility Service eligibility application form (the application) is available on [www.guelph.ca](http://www.guelph.ca) or by calling 519-822-1811 x 2801. Alternative accessible formats are available upon request.

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Persons who believe they qualify for and are interested in becoming Mobility Service customers should complete and sign the application. To ensure a fast and seamless application process, be sure to complete the application in full. Incomplete forms may be returned to the applicant for completion.

## **The Application**

Section A contains questions about your everyday mobility and ability to use conventional transit and is completed by you/your representative. Section A also requests that you to certify that the information you/your representative have provided to Mobility Service is correct.

Section B is your consent to have your health care professional(s) contacted for additional information or clarification if requested.

Section C is completed by your health care professional(s) and requests your health care professional(s) to certify that the information they have provided to Mobility Service is correct. If you require more than one health care professional to complete the form, make copies of Sections B and C.

Section D is completed by your/your representative and allows Guelph Transit Mobility Service to share your information with other Transit Authorities outside the Guelph Region.

Section E is to be completed if you wish to apply for the Person Assistance Card (PAL Card). Some Mobility Service customers require additional assistance when travelling and need a support person to travel with them. Under the Guelph Transit support person policy and the AODA, a support person is one "who accompanies the person with a disability to help with communication, mobility, personal care or medical needs or with access to goods, services or facilities." Mobility Service operators are unable to provide the service of a support person because they are focusing on what they do best, delivering safe and reliable transportation. If you require a support person, one has to be provided by you. If you wish to apply for a card at the same time as you submit your application, complete Section E along with your healthcare professional.

## **In-person Functional Assessments**

Guelph Transit Mobility Service is committed to providing a fair and objective eligibility process for all our applicants. To ensure we correctly match our transit services to your abilities, you may be requested to attend a functional assessment to learn more about your abilities in performing activities related to travelling on transit. Your category of eligibility will be based on the information provided in your application and the results of a functional assessment (if required).

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## Appeal Assessment

Mobility Service is obligated to assess all applicants and determine the correct category of eligibility based on individual abilities using the information provided to us in the Mobility Application. We strive to provide a fair and objective eligibility process resulting in the best level of service for you. However, should you disagree with the eligibility decision; you may wish to appeal to have the decision reviewed. Should you wish to appeal, Contact Guelph Transit Service at 519-822-1811.

## Applicant's Responsibilities

- Fully complete Sections A and B of the application
- Have your health care professional(s) complete Section C
- Complete Section D if you wish Guelph Transit Motility Services to share your information with other Transit Authorities outside Guelph
- Complete Section E if you wish to submit your request for a PAL Card for a support person assistance card with your Mobility Service application
- Photocopy the entire application for your records
- Cover any costs incurred for completing this application or for obtaining additional information

## Mobility Service Responsibilities

- Ensure each application received has been completed in full and contact the applicant if any information is missing
- Always balance the abilities of the customer with the types of transit services available
- Objectively review each application and notify the applicant in writing of the decision
- Contact the applicant if submission of the application results in a request for an assessment
- Provide the opportunity to an independent appeal process should the applicant disagree with the eligibility decision

## Questions?

**Contact us at [mobility.transit@guelph.ca](mailto:mobility.transit@guelph.ca) or 519-822-1811 x 2801**

## Submit the application

Completed applications should be sent by one of the following methods to the attention of Guelph Transit Mobility Service:

- Mail or in-person: 170 Watson Rd. S. Guelph ON N1L 1C1
- Email: [mobility.transit@guelph.ca](mailto:mobility.transit@guelph.ca)
- Fax: 519-822-5549

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## **Personal Information and Privacy**

All Mobility Service vehicles are equipped with automated video surveillance. Images are recorded and/or monitored. The personal information collected by the use of video equipment on the City of Guelph vehicles is collected under the authority of the Municipal Act 2001, and in accordance with the provisions of the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), for the purpose of health, safety, and security.

Any questions regarding this collection may be forwarded to the Access, Privacy and Records Specialist at 519-822-1260 x 2349 or at [privacy@guelph.ca](mailto:privacy@guelph.ca).

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## Application Form

Is this a renewal application?    Yes                      No

### Section A: Application Information

#### Personal/Contact Information

Surname (family name) \_\_\_\_\_ First name(s) \_\_\_\_\_

Preferred Salutation (optional)  
Mr.    Mrs.    Ms.    Dr.                      Date of Birth (YYYY/MM/DD) \_\_\_\_\_

#### Home Address

Street \_\_\_\_\_ Apartment/Unit \_\_\_\_\_  
City or Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone/Alternate Phone \_\_\_\_\_

TTY/TDD number (for people who are Deaf, deafened, or hard of hearing)  
\_\_\_\_\_

Email address: \_\_\_\_\_

#### Mailing Address

Street \_\_\_\_\_  
Apartment/Unit \_\_\_\_\_ City or Town \_\_\_\_\_  
Province \_\_\_\_\_ Postal Code \_\_\_\_\_

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## Authorize a Representative

If you require another person (such as your spouse/partner, another family member, friend, etc.) to act as your representative for matters relating to this application and/or services provided by Guelph Transit Mobility, complete the following information.

Name of Representative

Relationship to Applicant

\_\_\_\_\_

\_\_\_\_\_

Is your representative filling out this application?    Yes                  No

Are you authorizing this person to represent you in all matters related to services?

Yes                  No

Signature of Applicant

\_\_\_\_\_

Name of Applicant (please print)

(Date (YYYY/MM/DD))

\_\_\_\_\_

\_\_\_\_\_

## Emergency Contact Information

Guelph Transit Mobility has a duty to ensure the safety of all of our customers. In the event of an emergency where your health and well-being is at risk, we request to have additional contacts on file. Please provide us with up to three emergency contacts.

Name (first contact)

\_\_\_\_\_

Relationship to Applicant

Phone Number(s)

\_\_\_\_\_

\_\_\_\_\_

Name (second contact)

\_\_\_\_\_

Relationship to Applicant

Phone Number(s)

\_\_\_\_\_

\_\_\_\_\_

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Name (third contact)

\_\_\_\_\_

Relationship to Applicant

Phone Number(s)

\_\_\_\_\_

\_\_\_\_\_

## Section A: Application Information - continued

### Questions

1. Do you currently use? (Check all that apply)

Guelph Transit Conventional Service

Guelph Transit Mobility Bus

Other (specify) \_\_\_\_\_

2. Please identify any disability conditions that affect your ability to travel on conventional transit?

Disability Condition(s)	Always affects my ability	Sometimes affects my ability	Explain how and why this disability condition affects your ability to travel on conventional transit
Physical			
Sensory			
Mental Health			
Cognitive			
Other			

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3. Is your ability to travel on conventional transit impacted by any of the following seasonal conditions?

Check all that apply.

	Always	Never	Sometimes	If always or sometimes, explain why
<b>Extreme cold</b>				
<b>During or after ice and snow</b>				
<b>Extreme heat</b>				

4. Do you need a support person to travel on conventional transit or mobility transit?

Yes \_\_\_\_ No \_\_\_\_

	Always	Never	Sometimes	If always or sometimes, explain why
<b>Conventional Transit</b>				
<b>Mobility Transit</b>				

Note: A support person is someone who assists an individual with a disability with communication, mobility, personal care/medical needs or with access to goods, services or facilities. The support person should be capable of meeting the needs of the individual with a disability during travel and/or at their destination. If the applicant requires a support person when travelling on Guelph Mobility Service, they have to provide their own.



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5. Do you currently use any of the following assistive devices?

Check all that apply.

No device

Brace(s)

Cane(s)

White cane

Crutch(es)

Service animal

Communication device(s)

Oxygen tank (specify measurements, if known): \_\_\_\_\_

Prosthetic(s)

Scooter: Dimensions

(in inches, centimeters, & weight in Kg/Lbs if known):

Width \_\_\_\_\_ Length \_\_\_\_\_ Weight\*\* \_\_\_\_\_

Walker - Type:      Foldable      Non-Foldable

Wheelchair Type:      Motorized      Manual (non-foldable)      Manual  
(foldable)

Dimensions (in inches, centimeters & weight in Kg/Lbs if known)

Width \_\_\_\_\_ Length \_\_\_\_\_ Weight\*\* \_\_\_\_\_

**\*Note:** All Conventional and Mobility transit buses are Wheelchair accessible.

**\*\*Note:** Wheelchair & Scooter Combined weight with applicant must not exceed 273 kg (600 lb)

All assistive devices must be kept clean and in good repair as Mobility Transit may not be able to provide service if your assistive device cannot be properly secured.

Mobility Services vehicles are able to accommodate wheelchairs and scooters that are no wider than 86.36 centimetres (34 inches) and no longer than 101.6 centimetres (40 inches).

Our vehicles will not be able to accommodate anything larger.

Wheelchair lift/ramps can accommodate a maximum of 273 kilograms (600 pounds).

Therefore, the combined weight of the passenger and wheelchair/scooter must not exceed 273 kilograms (600 pounds).

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## Questions continued

6. On your own or using an assistive device, can you travel a city block (175 metres/575 feet)?

Always. The maximum number of city blocks I can travel is \_\_\_\_\_ blocks

Never

Sometimes

If never or sometimes, explain why:

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7. Can you get to/from the transit stop nearest to your home?

Always      Never      Sometimes

If always, are you using this transit stop?      Yes      No

If never or sometimes, explain why:

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8. Can you wait at a transit stop for a bus?

Always      Never      Sometimes      If there is seating

If never or sometimes, explain why:

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9. Can you recognize and understand the destination and route number signs on transit stops and transit vehicles?

Always      Never      Sometimes

If never or sometimes, explain why:

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10. Can you recognize and understand when and where to board and when and where to exit transit vehicles?

Always      Never      Sometimes

If never or sometimes, explain why:

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11. Can you present a fare, take a transfer, tap a pass, and/or show proof-of-payment upon request?

Always      Never      Sometimes

If never or sometimes, explain why:

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12. Can you transfer transit vehicles?

Always      Never      Sometimes

If never or sometimes, explain why:

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13. Can you independently seek help or assistance if required?

Always      Sometimes      Never

If never or sometimes, explain why:

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14. Please provide any additional information you would like us to consider regarding your ability to use conventional transit.

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## Note

- Please ensure you have answered all the questions completely.
- Forms may be returned to you if:
  - There are unanswered questions
  - Further explanation is requested

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## Section A: Application Information - continued

I certify that the information provided in the application is true and correct.  
I understand that providing false, incorrect, and/or misleading information could lead to the discontinuation of Mobility Service.

Name of Applicant (please print) \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

(Date (YYYY/MM/DD) \_\_\_\_\_)

### Person completing Section A if other than applicant:

I certify that the information provided in the application is true and correct.  
I understand that providing false, incorrect, and/or misleading information could lead to the discontinuation of Mobility Service.

Name of Representative (please print) \_\_\_\_\_

Signature of Representative \_\_\_\_\_

(Date (YYYY/MM/DD) \_\_\_\_\_)

### Address

Street: \_\_\_\_\_ Apartment/Unit \_\_\_\_\_

City or Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

**Note:** By signing above, you/your representative agree to advise Guelph Transit Mobility Service of any changes to your disability(ies), assistive device(s), personal information and/ or if you no longer require Mobility Service.

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## Section B: Authorization to Release Personal Health Information

I hereby authorize the following health care professional(s) to complete Section C. I also recognize and authorize Guelph Mobility Service and its authorized agents/representatives to contact and/or otherwise communicate with my health care professional(s) and to receive additional information, including my personal health information, if additional information, documentation, and/or clarification is required to process my application. Finally, I recognize that this information, including my personal health information, will be reviewed by Guelph Mobility Service and its authorized agents/representatives for the purposes of determining Mobility Service eligibility and/or service delivery options for Mobility Service.

Name of Applicant (please print) \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

(Date (YYYY/MM/DD) \_\_\_\_\_)

### Person completing Section B if other than applicant:

Name of Representative (please print) \_\_\_\_\_

Signature of Representative \_\_\_\_\_

(Date (YYYY/MM/DD) \_\_\_\_\_)

Name of health care professional who may release additional information, documentation and/or clarification including my personal health information:

Name (please print) \_\_\_\_\_

Profession \_\_\_\_\_

Address

Street \_\_\_\_\_ Apartment/Unit \_\_\_\_\_

City or Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_ (Date (YYYY/MM/DD) \_\_\_\_\_)

## Section C: Health Care Professional Information

This section is to be completed by a regulated/licensed health care professional (Physician, Psychiatrist, Physiotherapist, Optometrist, Audiologist, Psychologist, Chiropractor, Occupational Therapist, Speech Language Pathologist, or Registered Nurse) or regulated/licensed MSW (Master of Social Work) according to the nature of the applicant's disability(ies).

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The applicant is applying for Guelph Mobility Service. Guelph Mobility Service is a shared ride public transit service for persons with disabilities who are unable to use conventional public transit for all or part of their trip. The information you provide will allow Guelph Mobility Service to evaluate the applicant's eligibility for Guelph Mobility Service.

The applicant or their representative has completed Section A. Please read Section A in its entirety before completing and signing Section C. If the applicant is applying for a Personal Assistant for Leisure Activities (PAL) card, please complete the health care portion of Section D.

If you require clarification, please contact Guelph Transit Mobility Service at 519-822-1811 x2801 or [mobility.transit@guelph.ca](mailto:mobility.transit@guelph.ca)

The applicant has authorized Guelph Mobility Service to contact/communicate with you if additional information, including personal health information, documentation, and/or clarification is required to process this application.

Name of Applicant (please print) \_\_\_\_\_

How long has the applicant been under your care? \_\_\_\_\_

1. Which, if any, of the following disability(ies) does the applicant have?

Check all that apply. For temporary disabilities, specify duration in months.

Disability	Permanent	Temporary (Duration)	Episodic/ Sporadic	Frequency
<b>Physical</b> Specify:		_____ months		
<b>Sensory</b> Specify:		_____ months		
<b>Mental Health</b> Specify:		_____ months		
<b>Cognitive</b> Specify:		_____ months		

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Disability	Permanent	Temporary (Duration)	Episodic/ Sporadic	Frequency
Other Specify:		_____ months		
None				

2. Identify and explain the impact of the applicant's disability(ies) (i.e., mild, moderate, severe) on their ability to travel independently in the community.

Impact	Explain
Mild	
Moderate	
Severe	
No Impact	

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3. Has the applicant completed any functional assessments, tests, and/or evaluations (e.g., TUG, MOCA) of their disability(ies) in the last 24 months that measure their ability to navigate independently in the community?

Yes                      No                      Not Applicable

If yes, provide details below.

Date	Name of Test/ Evaluation	Purpose of Test	Results and Impact (Mild, Moderate, Severe)

Is there anything else we should know about the applicant's disability(ies)?

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4. Is the applicant currently using any prescribed assistive device(s)?

Always                      Never                      Sometimes

If always or sometimes, specify device(s):

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If only sometimes, describe why:

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5. Does the applicant need a support person to travel on conventional transit or mobility service?

**Note:** A support person is someone who assists an individual with a disability with communication, mobility, personal care/medical needs or with access to goods, services or facilities. The support person should be capable of meeting the needs of the individual with a disability during travel and/or at their destination. If the applicant requires a support person when travelling on Guelph Mobility Service, they have to provide their own.

	Always	Never	Sometimes	If always or sometimes, explain why
<b>Conventional Transit</b>				
<b>Mobility Transit</b>				

6. Guelph Mobility Service is a shared ride service. This means that during a ride, Guelph Mobility Service customers travel with other Guelph Mobility Service customers and passengers. Guelph Mobility Service vehicles stop at different locations and Guelph Mobility Service operators must exit the vehicle to pick-up/escort customers.

For these reasons, please indicate if the applicant is likely to engage in any of the following behaviour(s)?

	Always	Never	Sometimes	Provide Details (if always or sometimes)
<b>Exiting vehicle and wandering</b>				
<b>Causing harm to themselves</b>				
<b>Causing harm to others</b>				
<b>Making a verbal or physical threat of violence or harm</b>				

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## Section C: Health Care Profession Certification

I certify that the information that I have provided in Section C of this application is accurate and current.

Surname (family name) \_\_\_\_\_

Given name(s) \_\_\_\_\_

### Address

Street \_\_\_\_\_ Apartment/Unit \_\_\_\_\_

City or Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_

Occupation and Professional Registration Number \_\_\_\_\_

(Date (YYYY/MM/DD)) \_\_\_\_\_ Signature \_\_\_\_\_

Stamp of Registered Health Care Professional

End of form