



# Part A: Personal Information - To be completed by the Applicant

1. Name: \_\_\_\_\_  
Surname First name Middle name
2. Have you registered with DATS before?  No  Yes, DATS #: \_\_\_\_\_
3. Mailing Address: \_\_\_\_\_  
Postal Code: \_\_\_\_\_  
Pick-up Address: (if different from above) \_\_\_\_\_  
Front or back entrance: \_\_\_\_\_
4. Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_  
Cell: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_
5. Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender:  M  F  
year month day
6. List two people we can contact in case of an emergency (24 hours a day):  
Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Ph. (home): \_\_\_\_\_ Ph. (home): \_\_\_\_\_  
Ph. (work): \_\_\_\_\_ Ph. (work): \_\_\_\_\_  
Relationship to applicant: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_
7. If there is no one at your residence to meet you and you cannot be left alone, you MUST provide an alternate address (preferably nearby) to drop you off at.  
Contact name: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Alt. Phone/E-mail: \_\_\_\_\_
8. Which primary mobility aid(s) do you use when traveling in the community:  
(check all that apply)
- |  |   |   |
|--|---|---|
| <input type="checkbox"/> None                  | <input type="checkbox"/> Long White Cane        | <input type="checkbox"/> Powered Wheelchair * |
| <input type="checkbox"/> Walking Cane          | <input type="checkbox"/> Crutches               | <input type="checkbox"/> Collapsible walker * |
| <input type="checkbox"/> Leg Braces            | <input type="checkbox"/> Interpreter/Intervener | <input type="checkbox"/> Manual Wheelchair *  |
| <input type="checkbox"/> Service Animal        | <input type="checkbox"/> Hearing Aid            | <input type="checkbox"/> Scooter *            |
| <input type="checkbox"/> Personal Attendant    | <input type="checkbox"/> Oxygen Tank            | <input type="checkbox"/> Walker *             |
| <input type="checkbox"/> Communication Devices | <input type="checkbox"/> Prosthesis             | <input type="checkbox"/> Other: _____         |

\* Provide the outside dimensions.

*NOTE: All mobility aids must be kept in good repair at all times or they cannot be accommodated on DATS. If DATS cannot properly secure your mobility aid, we may not be able to provide you with service. DATS vehicle wheelchair lifts measure 30" x 50" (76 cm x 127 cm.) Equipment larger than this cannot be accommodated. The combined weight of the passenger and mobility aid must not exceed 750 lbs. For travel on ETS, refer to the information sheet for all mobility aid dimensions.*

9. If your application is approved, would you like to be on our DATS mailing list and receive our free DATS newsletter?

Yes  No

If yes, do you require communication in any special format, and if so, what kind?

Regular print  Cassette tape (check one)  
 Large print  CD  
 Braille  Other (specify) \_\_\_\_\_  
 E-mail address: \_\_\_\_\_

10. How are you getting around (traveling) in the community? Check all that apply.

Regular Public Transit Bus  Friends drive me  
 LRT  Family drives me  
 Community Bus  Volunteers drive me  
 Own Car  Staff drives me  
 DATS (for re-certification only)  Taxi  
 Other (explain): \_\_\_\_\_

11. What are the disabling conditions that prevent you from using regular public transit? (list and describe the severity of the condition(s))

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12. Describe **HOW** these conditions prevent or limit you from using regular transit.

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13. Have you ever traveled independently on a "regular" transit bus?

Yes  No Explain: \_\_\_\_\_

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14. Are there any specific destinations that you are able to travel to independently on a regular transit bus? Please list the addresses.

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15. Are there any particular times of day or days of the week when you are able to travel independently on a regular transit bus? Please list.

Times of day: \_\_\_\_\_

Days of the week: \_\_\_\_\_

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16. Are there any times of the year when you are able to travel independently on a regular transit bus? Describe.

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17. Is there any additional information regarding your condition that has not been addressed/described above? If so, provide this below.

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18. If approved for DATS, when do you require the service? (check one)

Summer only  Winter only  All year long

\*If temporary, specify duration:  3 months  6 months  1 year  Other

19. What time of the day do you require service? (check one)

Daytime only  Evenings only  Both day and evening

20. Think about your travel needs - when do you need DATS? (*check all that apply*)

- For trips outside my neighborhood (e.g. too far, too many bus changes).
- For destinations where the environment is not accessible (e.g. no sidewalks, too hilly etc.).
- When no low-floor/accessible bus is available.
- When I do not have an attendant who can travel with me.
- Other: (*specify*) \_\_\_\_\_

*NOTE: DATS drivers will provide assistance to and from the first set of accessible doors (the building door) and with the securing of mobility aids and seatbelts.*

*If a mandatory attendant is required, the registrant will not be able to book any trips for travel without a mandatory attendant. This applies to all trips.*

21. Will you require a mandatory attendant for behavioral or medical reasons when you are traveling in the DATS vehicle?

- No     Yes

Explain: \_\_\_\_\_

*NOTE: Registrants displaying unacceptable behavior that affects other passengers and/or the driver will be required to ride with an attendant at all times. Mandatory Attendant designation is for clients who require supervision ON the vehicle, not at their destination or to assist with parcels, etc.*

22. Can you be left alone at your destination?  Yes     No\*

Can you be left alone at home?  Yes     No\*

\*If no, explain: \_\_\_\_\_

\*If no, provide the following:

Contact name: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone/E-mail: \_\_\_\_\_

*NOTE: If the registrant cannot be left alone and no one is available when the vehicle arrives to receive the registrant, the registrant will have "mandatory attendant" status assigned by DATS Administration and they will have to ride with someone at all times.*

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

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NOTE: Correct use of a securement safety system (wheelchair) and seat belt assemblies (passenger) is mandatory and a condition of use while traveling on DATS. All DATS registrants are required to wear a seatbelt/shoulder strap, unless they have a medical exemption stating that they are unable to do so due to health reasons. If you are unable to wear a seat belt/shoulder strap, please include a medical exemption with this application.



Indicate who completed this form. If you completed it yourself, sign here:  
I hereby declare that the information provided above is true and correct and represents my condition.

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Applicant Signature and date



If someone else completed the form, please indicate below.  
(Advocate, guardian or health/social service practitioner completing the form for applicant)

Name (print): \_\_\_\_\_

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Signature and date

Relationship to Applicant: \_\_\_\_\_

Professional Qualifications: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

How long have you known the applicant: \_\_\_\_\_

By submitting this application, I hereby declare that the information provided in the application is true and correct and represents the condition of the applicant to the best of my knowledge.

This application is submitted on \_\_\_\_\_ by \_\_\_\_\_

NOTE: By accepting a DATS registration number, the registrant is agreeing to all the terms and conditions of the use of DATS.

**Part B: External Assessment - To be filled out by a Health Care or Social Services Practitioner.**

DATS is a specialized public transportation service for persons with temporary or permanent physical or cognitive impairments who cannot use regular ETS bus service (includes LRT) for all trips. It is not a taxi service. Shared-ride transportation is provided to passengers in the form of wheelchair lift-equipped buses, mini-vans and sedans. Vehicles are assigned according to the passenger's disability and availability of vehicles. All trips must be booked in advance. Although DATS attempts to minimize travel time, passengers may have to ride on the vehicle for up to 90 minutes.

The purpose of this application is to provide sufficient information about the applicant to allow DATS staff to assess if the applicant is eligible for DATS services and under what conditions.

- Completing this application does not guarantee eligibility.
- All parts of this assessment must be completely filled out (in detail) and signed by a qualified health care or social services practitioner familiar with the applicant's disability (such as a registered nurse, registered psychiatric nurse, occupational therapist, physical therapist, rehab practitioner, social worker or medical doctor).
- Clearly describe the applicant's ability/inability to use regular ETS bus service and under what conditions.
- Any forms that are unclear, vague or incomplete will be returned.
- **Charges for completing this form, (or for obtaining additional information) are the responsibility of the applicant.**

Completed application forms should be mailed to:

DATS

5610 - 86 Street

Edmonton, AB T6E 2X3 / Forms can also be faxed to: 780-496-2883

*Note: this is the  
DATS mailing address.*

**For more information call DATS at 780-496-4567, option 3 FAX 780-496-2883**

Applicant's Name: \_\_\_\_\_  
Surname First name Middle name

1. What is the health or disability condition(s), which prevent the applicant from using the regular transit system?

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2. How does this condition affect the applicant's ability in the following general areas?  
*(Check off each area as applicable)*

	Perm	Temp*	Winter	Summer	Day	Night	Not at all
Walking/mobility							
Endurance							
Vision							
Memory							
Perceptual							
Behaviours							
Cognition							
Personal safety							
Other (specify)							

*\*If temporary, specify duration:*  3 months  6 months  1 year  Other

Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Does the applicant's disability or health condition **PREVENT** (as opposed to make difficult) their use of low floor buses or LRT?

Yes  No  Sometimes

Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. When can the applicant use ETS?

Explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Can the applicant: *(Check appropriate answers and provide explanation below)*

Yes No sometimes not sure

Yes	No	sometimes	not sure	
				Travel when there is snow or ice on the ground? (i.e. landmarks are hidden, uneven surfaces, slippery terrain)
				Safely cross the street?
				Understand written and printed material?
				Understand spoken word or auditory information?
				Recognize landmarks?
				Ask for directions?
				Tell time?
				Problem solve in unexpected circumstances?
				Detect curbs and other drops offs?
				See at night?
				Walk up 3 steps (14" high) when handrails are available?
				Walk down 3 steps (14" high) when handrails are available?
				Travel as a pedestrian - max 4 blocks?
				Travel as a pedestrian - max 3 blocks?
				Travel as a pedestrian - max 2 blocks?
				Travel as a pedestrian - max 1 blocks?
				Wait at a bus stop or station, while standing?
				Wait at a stop or station, while seated?
				Plan a trip and travel alone outside the home?
				Get around in his/her environment regardless of type of lighting conditions?
				Board a low-floor bus (bus without steps) independently, if the ramp is at curb level and bus handrails are available)?
				Stand on the ETS bus while it is moving, supported by grab bar?
				Travel on an ETS bus when no transferring is required?
				Travel on an ETS bus when the bus stop is accessible?
				Travel when it is hot (greater than +30C)?
				Travel when it is cold (less than -30C)?
				Travel on an ETS bus during non rush hour traffic (when frequency of buses is lower, but less crowded)?
				Travel on ETS with help (clarify from who, e.g. bus driver, friend, etc.)?
				Travel when ETS accessible services are available (low floor buses, community buses, LRT)?
				Travel on ETS when the route is familiar?
				Travel on ETS when the applicant's condition is not aggravated?

Explain: \_\_\_\_\_

6. Will the applicant require a mandatory attendant for behavioral or medical reasons when they are in the DATS vehicle?

No  Yes

(explain) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*NOTE: Registrants displaying unacceptable behavior that affects other passengers and/or the driver will be required to ride with an attendant at all times. Mandatory Attendant designation is for clients who require supervision ON the vehicle, not at their destination or to help with parcels, etc.*

7. Can the applicant be left alone at their destination?  Yes  No\*

Can the applicant be left alone at home?  Yes  No\*

\*If no, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*NOTE: If the registrant cannot be left alone and no one is available when the vehicle arrives to receive the registrant, the registrant will have "mandatory attendant" status assigned by DATS Administration and they will have to ride with someone at all times.*

8. Is there any other information to add about the applicant's functional ability to use regular transit?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*NOTE: Correct use of a securement safety system (wheelchair) and seat belt assemblies (passenger) is mandatory and a condition of use while traveling on DATS. All DATS registrants are required to wear a seatbelt/shoulder strap, unless they have a medical exemption stating that they are unable to, due to health reasons. If this applicant is unable to wear a seat belt/shoulder strap, please include a medical exemption with this application.*

9. Did you complete any assessment or examination in order to determine this applicant's functional ability to take transit?

Yes  No  Partial

Explain: \_\_\_\_\_

\_\_\_\_\_

10. Travel training is available, free of charge, by the City of Edmonton. It assists the applicant in determining if, and how, they can travel independently on ETS vehicles. Based on your knowledge of the applicant and the information provided what type of transit training might be beneficial to this applicant?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Indicate who completed Part B in this application form.**  
Qualified health care /social service practitioner completing the form for applicant.

Name (print): \_\_\_\_\_

\_\_\_\_\_  
Signature and date

Relationship to Applicant: \_\_\_\_\_

Professional Qualifications: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

How long have you (or your agency) been involved with the assessment of this person's health and physical condition? \_\_\_\_\_

By submitting this application, I hereby declare that the information provided in the application is true and correct and represents the condition of the applicant to the best of my knowledge.

This application is submitted on \_\_\_\_\_ by \_\_\_\_\_

This information is being collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy Act and will be used by DATS for processing of this form and to determine eligibility for DATS services. Information collected on this form may also be used by ETS or DATS for statistical, research or transit training purposes, to improve service in the ETS/DATS program. It is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act. If you have any questions, contact DATS Customer Care Centre at 780-496-4567, option 3. (Updated 04/2008)