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DATS is a shared ride public transportation service for Edmonton residents 16 years and older who cannot use regular transit due to a physical or cognitive disability. Partial service is available for children with disabilities aged 13-15 who qualify. Children requiring transportation for school-related trips (grades K-12) should contact their local school board. ***Unavailability of ETS bus service is not considered a valid reason for applying for DATS.***

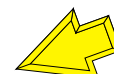
While DATS attempts to provide service to all its registrants, not all trips may be accommodated due to budget constraints and increasing demand for service. Applicants/registrants are encouraged to try alternatives such as ETS' accessible low-floor or community buses, LRT or private means of transportation whenever possible. For information about Edmonton Transit services, call 311 or visit: www.takeETS.com.

Instructions:

All applicants must complete Part A. Part B must be completed and signed by a qualified health care or social services practitioner familiar with your case, such as a registered nurse, registered psychiatric nurse, occupational therapist, physical therapist, rehabilitation practitioner, social worker or medical doctor. **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.**



DATS Notes:

- ✘ Only applications with Parts A and B FULLY COMPLETED AND SIGNED will be considered for approval.
- ✘ Incomplete application forms will be returned.
- ✘ If your application is approved, your registration card will be sent within 2 to 3 weeks.
- ✘ All information must be kept current.
- ✘ Call DATS Customer Care Centre at 780-496-4567, option 3 immediately with information changes.
- ✘ PRINT clearly.

NOTE: All locations served by DATS must be accessible. DATS defines accessibility as "being no more than one step". Confirm your destination is accessible before booking a trip. All locations must be kept free of snow and ice or DATS will not be able to provide service.

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

Date received				RS
Disposition (1)				VI
Disposition (2)	Mailing List: <i>R LP T CD E B</i>			MA
Review Date	Comments:			MH
Expiry Date	Conditions:			DL

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

1. Name:

Be sure to fill in all questions!

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: _____

May be a family member - for those people in group homes or in long term care.

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: _____

For example, neighbor or family member. We need up to date information!

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: _____

Important info required in case of emergency!

8. Which primary mobility aid(s) do you use when traveling in the community: (check all that apply)

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

None

Walking Cane

Leg Braces

Service Animal

Personal Attendant

Communication Devices

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Long White Cane

Crutches

Interpreter/Intervener

Hearing Aid

Oxygen Tank

Prosthesis

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Powered Wheelchair *

Collapsible walker *

Manual Wheelchair *

Scooter *

Walker *

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): _____

We cannot take equipment that can't be properly secured or is too large!

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

What prevents you from using Edmonton Transit?? Do you have an injury? Be sure to explain as clearly as possible. The more info you give, the more we have to make a decision!

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

**List examples...
Why can't you take the bus??
For example, difficulty walking, can't climb steps, etc.**

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

☐

Yes

☐

No

Explain: _____

Have you ever taken the bus??

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

Can or do you take the bus anywhere?? When?

Do you take the low floor bus to the mall??

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: _____

Can you take the bus during the day only?
On a certain day only??

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

For example, only in the summer, or when the streets are clear...

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

If there is anything you would like to add, do it here! (about your difficulties with transit or your disabilities)

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: a mandatory attendant is assigned for individual assistance only while on the vehicle, not to provide assistance at the destination!

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: _____

Are you easily disoriented at unfamiliar destinations?

Important info in case of emergency!

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.

Is there anything we haven't asked
that you think we should know?
Include that info here!

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 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.*

Note: Wearing
seatbelts is a
condition of use on
DATS!

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): _____

Signature and date

Relationship to Applicant: **For example, spouse, daughters, friend, caregiver, advocate...**

Professional Qualifications: **If applicable.**

Address: _____

Phone: _____

How long have you known the applicant: _____

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.**

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Edmonton, AB T6E 2X3

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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?

Does this applicant have an injury or illness that prevents them from using Edmonton Transit?

What prevents them from using Edmonton Transit??
Be sure to explain as clearly as possible. The more info you give, the more we have to make a decision!

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)							

Is the condition perm or temp?
For how long? Is it easier to
travel in winter or summer (for
light or temp reasons...)? Easier
in the day (not in the dark,
etc.)? Help us to determine the
level of disability!

*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: _____

Clarify the extent of the disability and
how it relates to transit use.

4. When can the applicant use ETS?

Explain: _____

If there are any situations when
the applicant **CAN** use transit,
list them here!

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

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?

For each question, indicate if they can all the time, not at all, sometimes, or if you don't know. Help us to determine the level of disability!

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?

If there is anything you would like to add, do it here! (about their difficulties with transit or their disabilities)



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?

The program is offered free of charge upon request. For more information, and to discuss your travel training needs, please call the Accessible Transit Coordinator, Margaret Dorey, at 496-3000.



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: _____

Please remember to list your daytime phone numbers in case we need to contact you!

Indicate your professional qualification, not your working title. For example, use R.N., not Case Manager or Care Supervisor, etc...

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

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 the DATS Customer Care Centre at 780-496-4567 (option 3). (Updated 04/2008)