

GUIDE FOR COMPLETING THE APPLICATION FOR PARATRANSIT ELIGIBILITY

Part 1 – General Information

- Section 1 to 3** To be completed by one of the following:
- The applicant
 - A person designated by the applicant
 - The applicant's legal representative, where the applicant is unable to act

Part 2 – Attestation of Disability

Question 1 to 11 This part **must** be completed **by an education professional, or a professional from the health or social services network.**

Every question must be completed with details.

We will only analyze the information provided in this application for eligibility form and any additional information attached, as applicable.

If you want us to refer to a health care professional, please make sure that they have completed the Attestation of Disability.

We will not be communicating with any other health care professional.



Question 1 **What is the principal diagnosis on the applicant’s record which causes mobility limitations?**

- ▶ For this question, provide as much information as possible as the same client can have more than one diagnosis that makes them eligible.

Question 2 **Does the applicant’s condition allow foreseeing a possible recovery?**

- ▶ This question is meant to determine the individual’s potential for recovery. If recovery or rehabilitation is foreseeable: Following recovery or rehabilitation, are the individual’s limitations sufficient enough to justify the use of paratransit according to the limitations described in the eligibility policy?

Question 3 **Does the applicant have one of the disabilities described below?**

- ▶ Check off the applicable functional limitations.

Question 4 **When do the disabilities indicated in Question 3 become apparent (if there is more than one disability, please write down the corresponding numbers from Question 3 in the appropriate boxes)?**

- ▶ Indicate in the appropriate boxes the box numbers checked off in Question 3.



Question 5

A. Functional assessment: Motor, neurological or internal organ impairment?

- ▶ It is important for the committee to be able to analyze the details of the functional assessment when the limitations described in the previous question are related to a motor, neurological or internal organ impairment. If such an assessment is not feasible due to the individual's situation, please indicate so and provide details (e.g.: full disability, by observation, evidence).

B. Visual deficiency

- ▶ For each eye, indicate the visual acuity measurement on 60 and the field of vision. **The paratransit eligibility criteria require an acuity of 6/60 or less (combination of both eyes) or a field of vision less than 20 degrees after correction.** Only these two measurements are accepted and must be indicated on the attestation of disability form. We cannot analyze documents from optometrists or ophthalmologists. If specific reasons make it more difficult to travel, such as scotomas or glare, indicate it in this section or attach an explanatory document.

C. Epilepsy

- ▶ Check off the boxes that apply and provide details of requested information.



D. Are the person’s disabilities controlled with medication?

- ▶ If only partly controlled, please specify.

E. Cognitive disorders

- ▶ Specify if the applicant can be left alone, without any assistance, for any destination (not only headed home). If yes, we can send the family an exemption form to have the “assistance” note removed from the system.

F. Behaviour problems

- ▶ We will determine whether more instructions need to be added to the record to simplify travel and for the safety of everyone. Combined with the answers to Question 7, your answer will allow us to determine whether the individual needs to be accompanied on vehicles to deal with their behaviour. Can they become a danger to themselves, to other riders or the driver? If they have impulsive or aggressive behaviour, how does it present itself? Physically or verbally?

G. Communication problems

- ▶ Check off the answers that apply.



Question 6

A. Do the person's limitations require the use of one of the following mobility aids to facilitate travel on paratransit?

- ▶ Please indicate all mobility aids that will be used while riding paratransit. Please indicate which one will be used most often.

B. Must the person use this aid?

- ▶ Indicate the frequency of use.

C. Can the person using a manual wheelchair perform a self-transfer to the seat of a vehicle?

- ▶ We want to know if the individual is able to do transfer themselves, independently, onto the vehicle seat using the mobility aid, without the driver's help. For safety reasons, the use of a transfer board is not authorized.

D. Does the person require bottled oxygen during paratransit travel?

- ▶ We need to know which form of O₂ is transported (e.g.: trolley, case, bottle).

Question 7

If the applicant is declared eligible for paratransit, will the help of someone on board the vehicle be needed in light of the person's disabilities?

- ▶ With the answers provided in Question 5-F, the answer to this question allows us to determine what type of helper to allow. Any decision on the need for a support person must be made with the aim of preserving the applicant's autonomy, which is one of the principles of the policy.



Question 8

Has the person been registered for a course in orientation and mobility, a learning or familiarization process (treatment or behaviour therapy), or to rehabilitation for the purpose of using regular public transit?

- ▶ Check off the appropriate boxes and provide requested details.

Question 9

A. Could the person use regular public transit for some travel without accompaniment?

- ▶ We want to know if the individual is able to use regular public transit service alone (simple or complex trips). Please provide details.

B. Could the person use regular public transit when accompanied?

- ▶ We want to know if the individual is able to use the STL's regular public transit service when they are accompanied. This question does not call the eligibility into question. It guides us in assigning the type of support person needed.

Question 10

A. The information contained in this document concerning the diagnosis and assessment of disabilities comes from:

- ▶ We want to know where the information you indicated on this form comes from. No information provided solely by the applicant can be analyzed: you must have the documents on hand and have viewed them or have been informed by another health care professional.



Question 11

How long have you been treating or providing services to that person?

- ▶ Identity of the health care professional: If more than one professional is completing the form, each one must sign this section and indicate their licence number, if applicable. If you are having this form completed by an intern, make sure to countersign to confirm the indicated information.



Annex – Eligibility Form

Additional information required

This annex must be completed by a health care professional.

1. Accessible regular transport network

- ▶ We want to know if the applicant is able to use regular public transit on the STL's accessible network, i.e., boarding and disembarking at accessible stops with a bus fitted with a front ramp or that can kneel.

2. Additional information for Mobility Aids

A. For wheelchair (motors or manual)

- ▶ We need to know the brand and model of the wheelchair to check the manufacturer's specification sheet for vehicle transport.

B. For electric rolling base, three- or four-wheel scooters

- ▶ To use a three- or four-wheel scooter or a rolling base, also known as a power chair, the client **must be able to transfer to the seat unassisted** and be able to take a few steps inside the vehicle by themselves because a mobility aid will not necessarily be positioned directly next to the seat when travelling in an adapted vehicle.



C. For walkers and wheeled walkers

D. For the rollator

E. Adapted stroller

- ▶ We need to know the height, width and length of the mobility aids used during vehicle transport.

Identity of the applicant and health care professional

- ▶ If more than one health care professional is completing the form, the name of each one must be indicated.

If you have any other questions about the form, please call the STL Customer Contact Centre at 450-688-6520.

