# **Application for Eligibility**



04/2024

Instructions: All applicants must complete parts A, B, C & D.

Part E must be completed by a health care practitioner familiar with your case.

Part F must be completed only if a mandatory attendant is required.

Part A: Personal Information	(	To be Completed by the Applicant)
1 Name:	First Name	Adidalla Maria
Surname	First Name	Middle Name
2 Birth Date: mm dd	<i>уууу</i> 3	Gender: M F
4 Address:	Posta	al Code:
5 Phone: Home	Work	Cell
6 Email Address:		
<b>Emergency Contact</b> : List two people we d	can contact in case of an emergen	cy.
Name	Name	
Phone	Phone	
Relationship to Applicant	Relationship to App	olicant
Part B: Travelling Information	(	To be Completed by the Applicant)
Pick up Address:		
(if different than above)	Front Doc	or Alternate Door
7 Which primary mobility aid(s) do you (Please check all that apply)	use when traveling in the commu	unity?
None	Long White Cane	Powered Wheelchair**
Walking Cane	Crutches	Collapsible Walker**
Leg Braces	Interpreter/Intervener	Manual Wheelchair**
Service Animal	Hearing Aid	Walker**
Personal Attendant	Oxygen Tank	Scooter**
Communication Devices	Prosthesis	Other
** Please provide outside dimensions:		
Part C: Additional Information	(	To be Completed by the Applicant)
Please provide any additional information	that may be relevant to this appl	ication:
Part D: Signature & Date	(	To be Completed by the Applicant)
I herby declare that the information provi	ded above is true and correctly re	presents my condition.
Applicant's Signature		

#### **Additional Information**

ATS offers door to door transportation for any resident, 16 years of age and older, who is unable to utilize the existing fully accessible conventional transit service due to a physical or cognitive disability.

Priority service will be given to medical appointments. Essential and social trips will be accommodated as the schedule permits.

All locations served by the Accessible Transportation Service must be accessible. Please confirm your destination is accessible BEFORE booking a trip. All locations must be kept free of snow and ice or we will not be able to provide service. All mobility aids and wheelchair ramps must meet safety regulations or service will not be able to be provided.

ATS Drivers will provide assistance to and from the **first set of accessible doors** and with the securing of mobility aids and seatbelts.

ATS Drivers are not responsible to assist with parcels, groceries etc.

Registrants displaying unacceptable behaviour that affects other passengers (and/or ATS staff) will be required to ride with an attendant at all times.

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

Part F of this Application must be filled out by the attendant.

\*Definition of Mandatory Attendant: A mentally compentent person of legal age (18+ years) who is responsible for the actions and assistance of a registered client that requires assistance due to a medical condition and/or behavioural concern while utilizing the services of the ATS.

Please drop off, mail or email completed application forms to:

Town of Stony Plain Attn: ATS Coordinator 4905 51 Avenue, Stony Plain, AB T7Z 1Y1

Email: ats@stonyplain.com

The personal information on this form is collected under the authority of section 33 of the Freedom of Information and Protection of Privacy Act and shall be used only for the purpose for which it was collected. If you have any questions about the collection, contact the FOIP Coordinator at (780) 963-2151.

### **Needs Assessment for Eligibility**



### Part E: Needs Assessment for Eligibility

(To be Completed by a Health Care Practioner)

ATS offers door to door transportation for any resident, 16 years of age and older, who is unable to utilize the existing fully accessible conventional transit service due to a physical or cognitive disability.

Please note: Due to safety regulations, we cannot accommodate children requiring a carseat.

Eligibility requirements include persons with disabilities and/or persons 65 and older.

\*\*This form must be completed in full and signed by a qualified health care practitioner familiar with the Applicant's disability (i.e. medical doctor, registered nurse, registered psychiatric nurse, occupational therapist, physical therapist or rehabilitation practitioner).

### For more information please call (780) 963-5444

1	restrict their ability to use a	applicant's functional impairment or disability and how does it specifically a regular vehicle?			
2	<i>'</i> ———	manent Temporary length of time that service is	y s required, i.e. weeks/months:	_	
		·	ne vehicle and cannot provide supe ause of medical or behavioural reas		
	Can applicant be left alone If NO, an attendant must tr	<u> </u>	Yes No		
In your opinion, should the applicant travel with an attendant?				)	
PLEASE NOTE: ATS does not provide attendants. If "yes" the applicant must travel with an attendant at all times, and the trip will not be accommodated if the attendant is not present.					
kno		ndersigned, recommmend this	applicant and based on my profess individual as eligible to use the	ional	
Prin	t Name	Title	Signature		
Pho	ne	Date			
Age	ncv Affiliation (if anv)	- Address			

## **Mandatory Attendant Form**



## Part F: Application for Mandatory Attendant

Instructions: A Mandatory Attendant must fill in the following portions of this application.

Personal Information		(To be Completed by the Attendant)				
1 Name:						
Surname	First Name	Middle Name				
2 Birth Date: dd	mm yyyy	3 Gender: M F				
4 Address:		Postal Code:				
5 Phone: Home	Work	Cell				
6 Relationship to Applicant:						
Emergency Contact: List two p	eople we can contact in case of an em	nergency.				
Name	Name					
Home Phone		9				
Relationship to Applicant						
Additional Information		(To be Completed by the Attendant)				
I will be the attendant for: Please provide any additional in	nformation that may be relevant to thi	is application:				
Signature & Date		(To be Completed by the Attendant)				
I herby declare that the information provided above is true and correctly represents my condition.						
Attendant Signature		Date				
For Office Use Only: Date Received:		_				
Surname  Registration Number  Notes:	Given Name	Approved Entered  Declined				
Notes.						