

# Guelph Mobility Service Application

## About the Program

Guelph Mobility is a door-to-door, shared ride, service designed to accommodate individuals who, because of specific limited abilities, related to their disability, are not able to access Guelph Transit’s regular fixed-route bus service. All of Guelph Transit regular fixed-route buses have the ability to kneel and deploy a ramp for easier access.

We are dedicated to providing quality transportation for people with disabilities in the City of Guelph. To maintain a quality program we must ensure that the service is available to only those who need this accommodation. To help us determine if you qualify, we invite you to complete the application below.

Qualifying for Guelph Mobility Service is based on the person with a disability’s ability to use Transit’s regular, accessible, fixed-route buses. It is not based solely on the disability, age, or medical diagnosis.

A typical applicant:

- a. Cannot, as a result of their disability, or temporary disability, ride the regular fixed-route buses; or
- b. Can ride the regular fixed-route buses but because of their disability only under specific circumstances such as they:
  - a. Can navigate well enough to walk to and from a bus stop during non-snow months but have great difficulty during winter months (November 30<sup>th</sup> to March 30<sup>th</sup>)
  - b. Are able to get on and off of the bus on good days but because of their disability, they have great difficulty physically boarding the bus on other days.

Perceived inconvenience, real inconvenience, or simply a desire not to use the regular fixed-route bus service does not meet the criteria to qualify.

In an effort to help understand the Guelph Mobility Service, please note the scope of the service in the following table:

The service isn’t	The service is
A taxi service.	A scheduled pre-booked bus, shared ride, door-to-door service.
A service for seniors without a disability.	Many of our passengers are seniors but they must qualify for a least one of the above criteria. The service is intended for this population.
A medical carrier.	Other organizations in the community provide this service.
Meant to replace Guelph Transit’s regular fixed-route service when it is not operating or not convenient.	A service intended for people who, because of their disability, cannot ride the regular fixed-route service.

If you would like this document in an alternative accessible format as per the Accessibility for Ontarians with Disabilities Act or require assistance to complete the form, please contact:

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Mobility Dispatch: 519-822-1811 ext. 2801  
TTY: 519-837-5731

## Section A: Application Form

To be completed by the applicant or a designate.

### Application Process:

1. Complete the Applicant's portion of the application form; Section A and B
2. Have your health care provider review Section A and B and complete Section C of this application form
3. Send the application to:

Guelph Transit-Mobility Service  
170 Watson Road South  
Guelph ON  
N1L 1C1  
Or Faxed to: 519-822-5549  
Email: [mobility.transit@guelph.ca](mailto:mobility.transit@guelph.ca)

4. We will mail you a letter within 14 days of receiving your application telling you:
    - a. of your approval to the service;
    - b. noting if the application was not complete; or
    - c. if your application has been denied.
- If approved:
    - You will receive an identification number in the same letter. Each time you book a ride, tell the dispatcher this identification number.
    - Review and understand the rules and regulations of using the Guelph Mobility Service.
  - If your letter states that you have not completed the application, please do so and re-submit it.
  - If you are denied acceptance to the service you can access the appeals process. Please contact Guelph Transit for more information.

**As you complete this application form, please keep in mind that** all of Guelph Transit's regular, fixed-route buses are wheelchair accessible and have equipment (including ramps and other devices) to assist individuals with disabilities.

If for any reason you are not eligible for the Mobility Services, your application will be returned to you with full instructions about possible next steps.

Please take the time to fully describe the applicant's inability to use the regular fixed-route bus service as it relates to their disability. We cannot solely consider the applicant's age, income, convenience of stops, and loss of a driver's license or the availability of others to travel with you on regular fixed-route service as a reason to ride the Mobility Service bus.

# Guelph Mobility Service Application

## Collection of Personal Information

Personal information, as defined by the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) is collected under the authority of the Municipal Act, 2001, and in accordance with the provisions of MFIPPA. Personal information on this form will be used for the purpose of determining eligibility for the Mobility door-to-door service as well as to ensure the adequate resources are provided at the time of service.

For more information regarding the Mobility program and your eligibility please contact Guelph Transit Mobility at 519-822-1811 X 2801 or [mobility.transit@guelph.ca](mailto:mobility.transit@guelph.ca)

If you have questions about this collection; use, and disclosure of this information, contact the City of Guelph's Access, Privacy and Records Specialist at 519-822-1260.

# Guelph Mobility Service Application

## A) Applicant Information:

Registration No. (For Office Use Only): \_\_\_\_\_

Have you been a Mobility Passenger in the past?

No  Yes \_\_\_\_ If yes, please note your identification number \_\_\_\_\_

Mr\_\_ Mrs\_\_ Ms\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Are you over 18 years of age?  Yes  No Date of Birth: Month\_\_\_\_/Day\_\_\_\_/Year\_\_\_\_

Address: \_\_\_\_\_ Apt/Unit # \_\_\_\_\_ Buzzer \_\_\_\_\_

Other (i.e. basement, left side, garage, back of building): \_\_\_\_\_

Name of care home or long-term care facility if applicable: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

E mail: \_\_\_\_\_

### Emergency Contact:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_ It is recommended that this contact lives in Guelph.  
Family, Friend, or Neighbour

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

**Please answer the following questions as thoroughly as possible as we use your information from section A and C to evaluate if you are accepted to use the Mobility Service.**

1. Please tell us why you are applying for Guelph Transit's Mobility's shared ride service by describing your limited abilities to use the regular fixed-route buses.

\_\_\_\_\_

\_\_\_\_\_

2. Have you used Guelph Transit's regular fixed-route service in the past?  Yes  No

3. Do you currently use Guelph Transit's regular fixed-route service?  Yes  No

If yes, how often, and what restrictions do you have from using the regular fixed route transit service all of the time?

\_\_\_\_\_

## Guelph Mobility Service Application

4. Are the conditions you described:  Permanent  Temporary  
If temporary, how long do you expect this to continue?

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5. Do you require the following to and from a regular transit bus stop?  
Only if :

- You have an attendant with you. \_\_\_\_\_
- You need to travel less than an average city block. (Approx. 175 m) \_\_\_\_\_
- You receive travel training for the stops you use. \_\_\_\_\_
- The path is free of ice and snow. \_\_\_\_\_

Or

You can never get to and from a regular fixed route bus stop. (Please explain why).

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## B) Applicant Intake

The following information will help us in our scheduling efforts and will not be used in the evaluation process. Please don't hesitate to contact us if the following information changes.

1. What type of mobility aids do you expect to use if you are approved for the Mobility Service?  
Please check all that may apply:

**Manual Wheelchair:**  folding  not folding  elevating leg rest(s)  tilt/recline

Can you transfer independently from your manual chair to the vehicle seat?  Yes  No

**Power Wheelchair:**  Elevating leg rest(s)  tilt/recline

**Power Scooter:**  3 wheels  4 wheels

- a. If you use a scooter do you need help to transfer from your scooter to the vehicle seat?

By checking one of the following boxes you are also confirming that you understand that you must wear a vehicle lap belt

Yes  No  Sometimes

Will you use any of the following while riding a Mobility bus:

- Walker  Walking Cane  White Cane  
 Crutches  Portable Oxygen/Ventilator  Service animal

## Guelph Mobility Service Application

A) Please tell us if there is any information that the driver needs to be aware of to provide safe transportation for you and/or other passengers

- |  |   |
|--|---|
| <input type="checkbox"/> Limited English   | <input type="checkbox"/> Communication Impairment |
| <input type="checkbox"/> Hearing Impairment or Deaf  | <input type="checkbox"/> Diabetes                 |
| <input type="checkbox"/> Visual Impairment   |   |
| <input type="checkbox"/> Seizure Disorder (type, frequency, recovery time, actions that should be taken) |   |

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- Cannot be Left Unattended
- May be Aggressive
- Other \_\_\_\_\_

B) Does your disability require you to travel with an attendant to assist you?

- All of the time       Sometimes       Never

### Applicant Signature

I understand that the purpose of this application form is to determine if, because of my limited ability, there are times when I cannot use Guelph Transit Regular Fixed-Route buses and will require the use of the Guelph Mobility Service.

All the statements in this application are true to the best of my knowledge and belief and no information required to be given has been concealed or omitted.

- I understand that any falsified statements on this application can result in the termination of participation in this service,
- I understand that approval of this application depends upon verification that the applicant meets all the criteria included in this application; and

2. I understand that Mobility Service Standard Operating Procedures requires that all passengers wear a lap belt while riding with the Mobility Service. Your signature at the end of Section B demonstrates that you understand and agree to wear a lap belt while riding with the Mobility Service as well as:

- a. Passengers using a wheelchair must have a lap belt on your wheelchair and wear it while riding with the Mobility Service; and/or
- b. Passengers using a scooter must transfer to a vehicle seat where a lap belt is available.

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For more information regarding the Mobility program and your eligibility please contact Guelph Transit Mobility at 519-822-1811 X 2801 or [mobility.transit@guelph.ca](mailto:mobility.transit@guelph.ca)

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Print Applicant's Name \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

If other than Applicant completing this form please check one:

- I certify that the information provided in this application is true and correct based upon the information given to me by the applicant.
- I have the legal authority to complete this application.

Print Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

**Please have your Health Care Professional complete the next section (Section C) of this application form. Ensure that the entire application form is provided to your health care professional, including the Page 1 that contains the information "About the Program".**

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### C) Professional Certification to be completed by a Health Care Professional.

This may ONLY be completed by a licensed health care professional as listed below:

- Physician, Surgeon
- Occupational/Physical/Rehabilitation Therapist
- Licensed Practical/Registered Nurse
- Chiropractor/Kinesiologist

Dear Health Care Provider,

**It is important to those who require this service that all riders truly need this service to carry out the tasks of daily living. With this in mind, we ask that you not complete the form until you have read the first page of this application, which contains the section entitled: “About the Program”.**

The applicant is asking you to provide information regarding his/her disability that describes their limited ability to use Guelph Transit’s regular fixed-route transit service.

Persons with a disability would be considered eligible for Mobility Service if by attempting to use Guelph Transit’s regular fixed route bus service, their health and wellbeing would be significantly at risk.

All Guelph Transit’s Regular Fixed-Route buses provide fully accessible service to all bus routes operating in the City of Guelph. These vehicles are designed to assist in accommodating customers who require a ramp to board and exit the bus. **Simply put, those who use a mobility device may not require the accommodation of the Guelph Mobility Service or may only require the service for the winter months.**

The information you provide will allow us to evaluate the applicant’s request and to provide the appropriate service.

Thank you for your co-operation in this matter. If you have any questions, please don’t hesitate to call Guelph Transit Mobility Service at 519-822-1811 extension 2801.



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## Accredited/Licensed Practitioner Information

*I certify that I am a practicing, accredited/licensed practitioner; from one of the professions outlined in this application form and that the information of the following pages is accurate and complete.*

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

Business Name \_\_\_\_\_

Address (please print) \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_\_) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
mm dd yyyy

**\*Please return completed form to the Applicant for submission\***

Name of Applicant: \_\_\_\_\_

1. How long have you known the applicant? \_\_\_\_\_
2. In your opinion what symptoms or effects would the applicant expect to experience if they were **not permitted** to use the Mobility bus service?  
\_\_\_\_\_  
\_\_\_\_\_
3. What is the nature of the applicant's disability? \_\_\_\_\_
4. To what extent does the applicant's disability prevent them from utilizing conventional transit services?  
\_\_\_\_\_
5. If the applicant qualifies for the mobility service, it is my professional opinion that they will require the service for:
  - Less than 3 months (indicate length of time service is required) \_\_\_\_\_
  - 3 months                       6 months                       9 months
  - winter only (November to April)                       1 year                       3 years or more

**Practitioner Initials** \_\_\_\_\_

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6. Does the applicant use, or do you recommend the applicant's use, of a prescribed mobility aid / device, in order to travel on Mobility Service buses? **Identify all that apply:**

- Manual Wheelchair (seatbelt required)       Power Wheelchair (seatbelt required)  
 Scooter (must transfer to bus seat)       Walker  
 Walking Cane       White Cane       Crutches  
 Portable Oxygen/Ventilator       Service animal  
 Other \_\_\_\_\_

7. All passengers of the Mobility Service must wear a lap belt. This is a standard operating procedure for all parallel transit services to mitigate risk to all passengers and drivers in the event of an accident. Exclusion of wearing a lap belt must be provided by a physician. The physician's request for this exclusion shall take into consideration the safety of the applicant, other passengers and Mobility Service drivers.

Are you requesting that the applicant be excluded from wearing a lap belt on the basis of a documented medical condition? Yes No

If yes, what is the reason for the exclusion?

\_\_\_\_\_

8. Is the applicant physically able to walk or wheel 175 metres? Yes No

9. Approximately how far can the applicant **walk or wheel**, in blocks, before needing a rest?  
 \_\_\_\_\_ (1000metres = 1 block)

10. a) Does the applicant comprehend safety risks typically understood by pedestrians?   
 Yes No

b) Is the applicant at risk for wandering or becoming lost in the community? Yes No

c) Can the applicant be safely left alone and unattended at their destination? Yes No

11. Is there a history of falls or a balance/gait concern? Yes No

If yes, please describe how we can assist \_\_\_\_\_

**Practitioner Initials** \_\_\_\_\_

## Guelph Mobility Service Application

12. Any additional information you would like to include in relation to the applicant's ability to use the regular fixed-route bus or information that we should know about to ensure that we are providing appropriate service?

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13. In your professional opinion, the applicant:

- cannot, as a result of their limited ability, ride the regular fixed-route buses; or
- can ride the regular fixed-route buses but only under specific circumstances such as:
  - a. They require a personal assistant to do so, as they have great difficulty understanding which bus to get on and when to get off of the bus.
  - b. Can navigate (related to low vision or blind) well enough to walk to and from a bus stop during non-snow months but have great difficulty during winter months (Nov 15 to April 15)
  - c. Are able to get on and off of the bus on good days but because of their physical disability, they have great difficulty physically boarding the bus on other days.
- can ride the regular fixed-route buses and does not require the Mobility Service

**Practitioner Initials** \_\_\_\_\_

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Thank you again for your assistance.