

**Accessible Transportation Services**

2200 Upper James Street

P.O. Box 340

Mount Hope, ON L0R 1W0

Phone: 905.529.1212 Fax: 905.679.7305

E-mail: [ats@hamilton.ca](mailto:ats@hamilton.ca) Website: [www.hamilton.ca/ats](http://www.hamilton.ca/ats)**APPLICATION FOR ACCESSIBLE TRANSPORTATION SERVICES****I) ELIGIBILITY FOR SERVICE**

Accessible Transportation Services (ATS) are intended for persons with physical or functional disabilities or health conditions who are unable to access fixed-route public transit, such as Hamilton Street Railway (HSR) buses. Eligibility is considered on a case-by-case basis and is not based on a particular disability, nor is it based on income level.

**II) ATS PROGRAMS & SERVICES**

The following services are available through ATS:

- **DARTS** is an accessible, shared-ride service, providing door-to-door transportation from one accessible building entrance to another accessible building entrance. The Taxi Scrip Program is offered in conjunction with DARTS service, providing subsidized taxi fares to City of Hamilton residents only.
- **HSR Travel Training** – ATS coordinates travel training for persons interested in learning how to travel on HSR buses.

**III) HOW TO APPLY FOR SERVICE**

To receive an ATS application form, call 905-529-1212 and press "1" for Customer Service, or visit the ATS website at [www.hamilton.ca/ats](http://www.hamilton.ca/ats).

**All sections of the ATS application must be fully completed:**

- Part 1A to 1E (Pages 1 to 4) – to be completed by applicant.
- Part 2A and 2B (Pages 5 & 6) – must be completed by one of the following Health Care Professionals: **Physician, Nurse Practitioner, Registered Nurse (RN), Chiropractor, Physiotherapist, Occupational Therapist or Recreational Therapist.**
- Completed applications may be submitted to ATS by mail or fax.
- Applicants may be required to attend a third party functional assessment in order to determine eligibility.
- ATS will provide a determination of the applicant's eligibility for service, as listed in Section IV) Eligibility Determination.
- **Registrations and orientations for service are conducted by appointment only.**
- Incomplete applications will be returned to you, or you may be contacted by ATS for further information.

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- **Unconditional Eligibility** - applicant is not able to use HSR service; therefore they are eligible for all trips with DARTS.
- **Conditional Eligibility** - applicant is able to use HSR service under certain conditions; therefore they are eligible for some trips with DARTS as follows:
  - **Seasonal Eligibility** – Winter months only from November 1 to April 30, **and/or**
  - **Trip by Trip Eligibility** – travel to approved locations only.
- **Temporary Eligibility** - applicant is not able to use HSR service at the current time due to a condition that is expected to improve; therefore they are eligible for trips with DARTS on a temporary basis.
- **Not Eligible** - applicant is able to use HSR service; therefore they are not eligible for any trips with DARTS.

**V) ELIGIBILITY APPEAL PROCESS**

Should the applicant or their caregiver disagree with the ATS decision regarding eligibility determination, there is an appeal process available. In order to appeal an eligibility decision, an Eligibility Appeal Form **must be completed** and submitted to ATS.

In order to obtain an Eligibility Appeal Form, contact ATS at 905-529-1212, Ext. 1829, or visit the ATS website at [www.hamilton.ca/ats](http://www.hamilton.ca/ats).

Upon receipt of a completed Appeal Form, ATS will forward the appeal to the Eligibility Appeal Panel, who will render a decision regarding the applicant's eligibility determination.

**VI) CONTACT ATS**

For further information or assistance with the ATS application process, please call 905-529-1212 and Press "1" for ATS Customer Service.

Completed Applications or Eligibility Appeal Forms must be returned to:

**Via Mail:**     **Accessible Transportation Services**  
                     **P.O. Box 340**  
                     **2200 Upper James Street**  
                     **Mount Hope, ON L0R 1W0**

**Via Fax:**       **905-679-7305**

**Via Email:**    [ats@hamilton.ca](mailto:ats@hamilton.ca)

**Website:**    [www.hamilton.ca/ats](http://www.hamilton.ca/ats)



Hamilton

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2200 Upper James Street

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**APPLICATION FOR ACCESSIBLE TRANSPORTATION SERVICES****PART 1A: APPLICANT INFORMATION (Please complete pages 1 – 4)****Name of Applicant:** \_\_\_\_\_

Last Name (Please Print) Mr/Miss/Mrs/Ms First Name Middle Initial

Date of Birth: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Gender: ☐ Male ☐ Female  
YYYY MM DD**Home Address:** \_\_\_\_\_ Apt/Unit# \_\_\_\_\_

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

Telephone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Does applicant reside in a long-term care facility?** ☐ Yes ☐ No

Name of Facility: \_\_\_\_\_ Ward/Room # \_\_\_\_\_

☐ Permanent ☐ Convalescent ☐ Respite ☐ Short-term**Mailing Address (if different):** \_\_\_\_\_ Apt/Unit# \_\_\_\_\_

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

Telephone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Emergency Contact Information: In event of emergency, please provide at least one (1) emergency contact that is different from your home telephone number.**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Telephone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Telephone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

**Additional Contact Information:**

Family Doctor: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_

Social Worker/Therapist: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_ **PAGE 2 OF 6****PART 1B: INFORMATION ABOUT YOUR MOBILITY & EQUIPMENT**

1. What is the disability or condition that prevents you from using public transit (HSR)?

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2. Which of the following mobility/communication aids do you use? (Please check all that apply)

- ☐ Cane                      ☐ Crutches                      ☐ Manual Wheelchair                      ☐ Portable Oxygen  
☐ White/Red Cane    ☐ Prosthesis                      ☐ Power Wheelchair                      ☐ Communication Aid  
☐ Walker                      ☐ Power Scooter    ☐ Service Animal (Copy of Certification Required)  
☐ None of the above    ☐ Other (please describe): \_\_\_\_\_

**MOBILITY DEVICES:**

The standard size for a mobility device (wheelchair or scooter) that can be accommodated on an HSR bus or DARTS vehicle is as follows:

- 76 cm (30 inches) wide
- 122 cm (48 inches) long
- maximum combined weight of mobility device and occupant is 363 kg (800 pounds)

ATS-DARTS policy states that all wheelchairs and scooters must be in good working condition in order to be transported. Scooters must have a lap belt. Wheelchairs must have a lap belt and footrests. Exemptions for lap belts or footrests must be approved by a designated Health Care Professional (Physician, Nurse Practitioner, Registered Nurse (RN), Physiotherapist, Occupational Therapist or Recreational Therapist).

**ACCESSIBILITY:**

ATS-DARTS policy states that service is provided from one accessible building entrance to another accessible building entrance. Accessible is defined as no more than one (1) step for wheelchairs. Drivers will assist passengers using walkers both up and down stairs.

**COMMUNICATION:**

The ATS Application and user guides are available in alternate communication formats, including large print and braille (upon request).

NAME OF APPLICANT: \_\_\_\_\_ **PAGE 3 OF 6****PART 1C: INFORMATION ABOUT YOUR FUNCTIONAL ABILITY**

Answers should be based on how you feel most of the time, under normal circumstances, and whether you can perform this activity without the help of another person. **For each question, provide one answer only (unless otherwise noted).**

**Can you independently:**

1. Walk up and down three steps if there are handrails on both sides?  
☐ Always    ☐ Sometimes    ☐ Never    ☐ Not sure
2. Use the telephone to get information?  
☐ Always    ☐ Sometimes    ☐ Never    ☐ Not sure
- 3a. If the weather is good, what is the furthest distance you can walk/travel on the sidewalk?  
An average urban block is 100 metres (328 feet) on a level surface.  
☐ Up to half (1/2) level block    ☐ Up to one (1) level block  
☐ Up to two (2) level blocks    ☐ More than two (2) level blocks  
☐ None of the above    ☐ Not sure
- 3b. If you are able to do this, how long does it take you?  
☐ Less than 5 minutes    ☐ 5 to 15 minutes    ☐ More than 15 minutes    ☐ Not sure
4. Cross the street, if there are curb cuts (depressed curbing)?  
☐ Always    ☐ Sometimes    ☐ Never    ☐ Not sure
5. Ask for and follow directions/instructions if you have a question or problem?  
☐ Always    ☐ Sometimes    ☐ Never    ☐ Not sure
- 6a. Have you ever received training to learn how to use public transit (HSR), or for travel around your community?  
☐ Yes    ☐ No
- 6b. If you answered "Yes", when and where did you receive the training? \_\_\_\_\_  
\_\_\_\_\_
- 6c. If you answered "No", do you think you could learn to ride an HSR bus if you received training?  
☐ Yes    ☐ No    ☐ Not sure

NAME OF APPLICANT: \_\_\_\_\_ **PAGE 4 OF 6**

### **PART 1D: INFORMATION ABOUT CURRENT USE OF PUBLIC TRANSIT (HSR)**

**Only answer PART 1D if you have previously used public transit. Answers should be based on your use of fixed-route public transit, such as the Hamilton Street Railway (HSR), or the public transit system in your area.**

1. Are you currently able to use public transit (HSR) by yourself?  
☐ Always    ☐ Sometimes    ☐ Never    ☐ Not sure
2. Are you currently able to use the HSR riding with someone else?  
☐ Always    ☐ Sometimes    ☐ Never    ☐ Not sure
3. Is HSR service available in your area?  
☐ Yes    ☐ No    ☐ Not sure
4. When was the last time you used HSR?  
☐ Within 3 months    ☐ Within a year    ☐ More than a year    ☐ Never    ☐ Not sure
- 5a. Does the weather effect your ability to use HSR?  
☐ Always    ☐ Sometimes    ☐ Never    ☐ Not sure
- 5b. If you answered yes, please explain \_\_\_\_\_
6. Are you able to wait for an HSR bus? (Check all that apply)  
☐ Always    ☐ Sometimes    ☐ Never    ☐ Not sure    ☐ Only if there is a bench  
☐ Only if there is a shelter    ☐ Not more than 15 minutes    ☐ More than 15 minutes

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### **PART 1E: APPLICANT SIGNATURE**

I certify that the information provided in this application is true and correct. I understand that misinformation or misrepresentation of facts will be cause for disqualification or rejection of my eligibility. I also understand that additional information relating to my disability or health condition may be required to determine eligibility. I hereby consent to the transit operator and their assessment agency to contact my health care professional if additional information or if clarification is required.

Applicant or Preparer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If someone other than the applicant is preparing this form, please provide the following:**

Name of Preparer: \_\_\_\_\_ Daytime Phone: (\_\_\_\_) \_\_\_\_\_

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

Relationship: \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_ **PAGE 5 OF 6**

**PART 2A: MUST BE COMPLETED BY HEALTH CARE PROFESSIONAL**

Pages 5 and 6, must be completed by one of the following Health Care Professionals:  
Physician, Nurse Practitioner, Chiropractor, Registered Nurse (RN), Physiotherapist,  
Occupational Therapist or Recreational Therapist.

**DISABILITY INFORMATION** (Please **PRINT**):

- 1a.** Applicant's medical diagnosis(es) and how it compromises their mobility to use HSR service  
(public transit); include the **date of onset**, staging and prognosis for each condition.

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- 1b.** Currently enrolled in a Treatment Program: ☐ Yes ☐ No

- 1c.** Approximate length required for treatment: ☐ 3 months ☐ 6 months ☐ One year

- 2a.** Does the applicant require the use of a mobility device? ☐ Yes ☐ No

- 2b.** When traveling in the community what is the primary mobility device used?

☐ Walker ☐ Wheelchair ☐ Scooter

- 3.** Does the applicant's medical diagnosis(es) or health condition require permanent, temporary or seasonal transportation?

☐ Permanent

☐ Temporary: \_\_\_\_\_ Week(s) \_\_\_\_\_ Month(s) \_\_\_\_\_ Year(s)

☐ Seasonal: ☐ Spring ☐ Summer ☐ Fall ☐ Winter

- 4.** Is the applicant physically able to climb or descend stairs? ☐ Yes ☐ No

- 5.** If the weather is good, what is the furthest distance the applicant can walk/travel on the sidewalk? (an average urban block is 100 metres on a level surface)

☐ Up to half (1/2) level block ☐ Up to one (1) level blocks

☐ Up to two (2) level blocks ☐ More than two (2) level blocks

☐ None ☐ Not sure

- 6.** Can the applicant wait for up to one (1) hour for a bus? ☐ Yes ☐ No

- 7.** **Behaviour** - In a transportation situation, does the applicant exhibit behaviours (impulsiveness, aggressiveness, etc.) that could be detrimental to his or her own safety, or to the safety of other persons?

HSR Bus Service: ☐ Yes ☐ No DARTS Transportation: ☐ Yes ☐ No

If yes, please explain behaviour: \_\_\_\_\_

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NAME OF APPLICANT: \_\_\_\_\_ PAGE 6 OF 6

**PART 2A: MUST BE COMPLETED BY HEALTH CARE PROFESSIONAL (continued)**

8. **Safety** - Are there conditions which affect the applicant's safety in the community?

Please specify:

Does the applicant comprehend safety risks in the community? ☐ Yes ☐ No

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

Can the applicant be safely left unattended at their destination? ☐ Yes ☐ No

Other (please specify): \_\_\_\_\_

9. **Support Persons** - DARTS drivers assist passengers door to door, but do not provide on-board care or assist passengers beyond the accessible entrance of their destination. A support person may be required for further assistance.

9a. Does the applicant require the assistance of a Support Person in order to travel on:

HSR Bus Service: ☐ Yes – always ☐ Yes – sometimes ☐ No

DARTS Transportation: ☐ Yes – always ☐ Yes – sometimes ☐ No

9b. If yes, Is a support person required for assistance due to:

Cognitive ability ☐ Yes ☐ No Communication ☐ Yes ☐ No

Mobility issues ☐ Yes ☐ No Vulnerability ☐ Yes ☐ No

Behaviour challenges ☐ Yes ☐ No Medical needs ☐ Yes ☐ No

Other (please specify): \_\_\_\_\_

10. **Service Animal** - Does the applicant require the assistance of a certified Service Animal in order to travel on DARTS or HSR? (Copy of certification required)

☐ Yes ☐ No

**PART 2B: CERTIFICATION BY HEALTH CARE PROFESSIONAL**

I hereby certify that the information I have provided is accurate and complete to the best of my knowledge.

Health Care Professional's Signature \_\_\_\_\_

Date \_\_\_\_\_

Professional's Name (Please **PRINT**) \_\_\_\_\_

Professional Designation: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

Address: \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

**REGISTRATION FOR ATS CONDUCTED BY APPOINTMENT ONLY**

Personal information on this form is collected under the authority of the *Municipal Act, 2001*, S.O. 2001, c.25 as amended, and is used solely to determine eligibility for specialized transit services offered by the City of Hamilton. This information is held in strict confidence. Questions about this collection should be directed to: Accessible Transportation Services, Attention: Customer Service Coordinator, P.O. Box 340, 2200 Upper James Street, Mount Hope, ON L0R 1W0.