Fredericton

Administration Use Only

Approved ☐ Yes ☐ No

Authorized By _____

Date _____

Permanent Temporary Seasonal

PARA TRANSIT REGISTRATION

-FREDERICTON TRANSIT DIVISION-

www.fredericton.ca

The Para Transit service is provided by the City of Fredericton and operated by the Transit Division of the City of Fredericton. **Please print** clearly.

PART A: APPLICANT INFORMATION
(to be completed by the Applicant or Applicant's agent)

NAME : _____
First Last Middle Initial

ADDRESS: _____
Civic Address Apt/Unit #

_____ _____
City Postal Code

TELEPHONE: _____ _____ _____
Home Cell Work

If this is an assisted living facility or building, name of building or facility:

_____

1. Do you currently use the conventional fixed route Fredericton Transit system for any of your trips?

☐ Yes If, yes, how many trips per month? _____

☐ No

2. Have you used Para Transit in the past?

☐ Yes If, yes, how many trips per month? _____

Since when? _____

☐ No

3. I intend to use Para Transit for the following purposes: (please indicate all that apply)

☐ Work ☐ Medical Appointments ☐ Errands ☐ Leisure

☐ Other: _____

4. I require the Para Transit Service because I: (please indicate all that apply)

☐ have physical limitation(s) ☐ have mental or cognitive limitation(s)

5. Are you required to use a mobility device outside your home? ☐ Yes ☐ No

If yes, what type of mobility device do you use? (please indicate all that apply)

☐ Cane ☐ Walker ☐ Crutches

☐ Braces ☐ Manual Wheelchair ☐ Oxygen Tanks

☐ Motorized Wheelchair- ☐ Regular ☐ Bariatric

☐ Scooter (scooter must have correct tie downs)

6. Do you require assistance outside of the home? ☐ Yes ☐ No

If yes, what type of assistance? (please indicate all that apply)

☐ Assistant ☐ Service Animal

☐ Personal Care Attendant (a person required to always accompany the Applicant)

EMERGENCY INFORMATION

This information is used only in case of emergency. Please keep Para Transit advised of any changes to this information.

Emergency Contact: _____
First Name Last Name

Relationship: _____

Telephone: _____ _____ _____
Home Cell Work

APPLICANT SIGNATURE

I, _____, understand the requirements of the Para Transit service and by signing below, I agree with the following:

- I have read the Para Transit Policies and Procedures and I believe I qualify for Para Transit.
- I will follow the rules and regulations of the Para Transit service outlined in the Para Transit Policies and Procedures.

- Applying for Para Transit service does not guarantee my acceptance as a user of the Para Transit service.

- The availability of Para Transit transportation at any given time or place is subject to service demands. If I am approved as a user of the Para Transit Service, I understand that making a request for transportation does not mean it will be available for the time and place requested. If I move, or my medical condition changes, I will notify Fredericton Transit of these changes. I am aware that these changes may impact the service I receive from Para Transit.

- In the event I am not eligible for Para Transit service, I understand I may use the fixed route service offered by Fredericton Transit, and, where possible, reasonable accommodation will be provided if requested.

- I understand the information provided in this Form is for the purpose of determining my eligibility to the Para Transit service and that once the Form is submitted to Fredericton Transit, its content will not be disclosed or shared for any other purpose within the organization.

I certify that the information provided in this application is true and correct. I hereby authorize Fredericton Transit to determine my eligibility for Para Transit and, if necessary, to consult with the person whose name I have given as a health care professional and/or to request further information. I further authorize the health care provider to release information to the Operations Supervisor of the Fredericton Transit with the City of Fredericton, which will be used solely to determine my eligibility for the Para Transit service.

Signature: _____ Date: _____

****Please notify Para Transit if any info changes****

Please return completed Part A and Part B forms (via mail or email) to:

City of Fredericton
Transit Division
470 St. Mary's Street
Fredericton, New Brunswick E3A 8H5
Telephone: 460-2212 Email: transit@fredericton.ca

Office Use Only

PART B: HEALTH CARE PROFESSIONAL QUESTIONNAIRE

CONFIDENTIAL

APPLICANT MEDICAL INFORMATION

The purpose of this Form is to provide sufficient information about the Applicant to allow staff with the Fredericton Transit Division to assess the Applicant's eligibility for Para Transit services and/or determine what accommodations can be made.

This Form **must** be completed by a **qualified health care provider** familiar with the Applicant's condition (such as a physician, nurse practitioner, registered nurse, occupational therapist, physiotherapist, recreational therapist, psychologist or psychiatrist).

Any fees associated with the completion of this form are the responsibility of the Applicant. **Please print** clearly.

Name of Applicant:

_____ _____
(First) (Last) (Initials)

AUTHORIZATION TO RELEASE INFORMATION

I, _____, hereby authorize _____
(*Name of Applicant*) (*Professional's name under part B*)
to release to City of Fredericton, Fredericton Transit Division, information regarding my mobility and/or inability to use the conventional Fredericton Transit bus service, which is required to establish my eligibility as a user of the Para Transit service.

Signature : _____ Date : _____
(Signature of Applicant)

Signature : _____ Date : _____
(Signature of Agent, if Applicant is unable to sign)

QUESTIONNAIRE

1. The Applicant has: ☐ physical limitation(s) ☐ cognitive or mental limitation(s)

If physical, the Applicant: (please indicate all that apply)

☐ is unable to walk
☐ is unable to walk less than 175 meters outside without the use of a mobility aid
☐ is able to walk 175 meters outside with the use of a mobility aid
☐ is able to walk unassisted
☐ is unable to step up or down 35 centimeters steps
☐ is unable to step up or down 35 centimeters steps unassisted
☐ is unable to stand
☐ is unable to stand unassisted
☐ is unable to pivot on one leg or turn
☐ loses balance
☐ other: _____

If cognitive or mental, the Applicant: (please indicate all that apply)

☐ is unable to board or disembark the bus without assistance
☐ is unable to understand, communicate or have interpersonal contact
☐ is easily confused
☐ is aggressive or easily becomes aggressive
☐ is easily stressed and/or anxious
☐ other: _____

2. The Applicant's disability is described as:

☐ Mild ☐ Moderate ☐ Severe

☐ Temporary – Expected duration _____ / _____ / _____ YYYY MM DD

☐ Permanent (unlikely to change in applicant's lifetime)

3. The Applicant requires the use of a mobility device ☐ Yes ☐ No

If yes, what mobility devices are required? (please indicate all that apply)

☐ Cane ☐ Oxygen Tanks
☐ Walker ☐ Crutches
☐ Manual Wheelchair ☐ Braces
☐ Motorized Wheelchair - ☐ Regular ☐ Bariatric
☐ Scooter (must have correct tie downs)

4. Does the Applicant require assistance outside? ☐ Yes ☐ No

If yes, what type of assistance? (please indicate all that apply)

☐ Assistant ☐ Service Animal
☐ Personal Care Attendant*****

*****(*Please Note: a personal care attendant is a care provider who is **always required** to accompany the Applicant and proved special assistance while travelling on Para Transit*)

CERTIFICATION BY HEALTH CARE PROFESSIONAL

Professional's Name: _____

Professional Designation: _____

Address: _____

Telephone: _____ Ext. _____ Fax: _____

Email Address: _____

I understand that Fredericton Transit Division reserves the right to contact me and clarify all information provided or to ask for additional information as it relates to the application process. I hereby certify that the above information is true and that I have personally filled out all of Part B. Furthermore, I hereby certify that the information I have provided herein is accurate and complete to the best of my knowledge.

_____ _____
Health Care Professional's Signature Date

Fredericton

PARA TRANSIT
CONSENT FORM

When you request services or information from the City of Fredericton, we may ask to collect personal information, as defined under the *Right to Information and Protection of Privacy Act* SNB 2009, c R-10.6, as amended (the "Act") such as your name, home address, electronic mail address, and home telephone number for the purposes of processing, responding and providing services, programs and activities. We will only collect, use and disclose as much personal information as is reasonably necessary to accomplish or carry out the purposes for which it is collected.

When you submit a Para Transit Registration Form for the purpose of receiving para transit services (the "Services") from the City of Fredericton, we collect personal information, including personal health information, as noted above, under the legal authority of Section 37(2) of the Act. The City of Fredericton will only use or disclose personal information to City of Fredericton employees and a third-party service provider for the purpose of providing the Services or for a use consistent with that purpose.

TRANSPORT ADAPTÉ
FORMULAIRE DE CONSENTEMENT

La Ville de Fredericton peut être amenée à recueillir des renseignements personnels, conformément à la *Loi sur le droit à l'information et la protection de la vie privée* LN-B 2009, c R-10.6, telle que modifiée (la « Loi »), notamment votre nom, votre adresse personnelle, votre adresse de courriel et votre numéro de téléphone à la maison, afin de répondre à vos demandes et de vous fournir des services, des programmes et des activités. Ces renseignements personnels ne seront recueillis, utilisés et divulgués que dans la mesure où ils sont raisonnablement nécessaires pour atteindre ou réaliser les objectifs pour lesquels ils ont été recueillis.

La Ville de Fredericton recueille des renseignements personnels, y compris sur la santé, conformément au paragraphe 37 (2) de la Loi, lorsque vous soumettez un formulaire d'inscription au transport adapté afin de recevoir des services de transport adapté (les « services »). Elle n'utilisera ou ne divulguera ces renseignements qu'à son personnel et à un tiers prestataire de services, dans le but de fournir les services ou de les utiliser à des fins compatibles avec l'objectif visé.

I consent to the collection, use and disclosure of my personal information by the City of Fredericton for the Services.

I also understand and acknowledge that the City of Fredericton will also collect, use and disclose my personal information as required or permitted by law.

If you have any questions regarding the collection, use or disclosure of your personal information contact Jennifer Lawson, City Clerk, 397 Queen Street, Fredericton, NB, E3B 1B5, (506)460-2020, cityclerk@fredericton.ca

_____
Full name (print)

_____
Signature

_____, 202___

Je consens à la collecte, à l'utilisation et à la divulgation des renseignements personnels me concernant par la Ville de Fredericton pour les services suivants.

Je comprends et reconnais également que la Ville de Fredericton recueillera, utilisera et divulguera les renseignements personnels me concernant dans la mesure où la loi l'exige ou le permet.

Si vous avez des questions concernant la collecte, l'utilisation ou la divulgation des renseignements personnels vous concernant, veuillez contacter Jennifer Lawson, secrétaire municipale, 397, rue Queen, Fredericton (N.-B.), E3B 1B5, (506) 460-2020, cityclerk@fredericton.ca

_____
Nom complet (en lettres moulées)

_____
Signature

_____ 202___