



250 Strasburg Rd. Kitchener On. N2E 3M6
 Tel: 519-585-7555 Fax: 519-744-2899
 TTY service: 519-585-7765 www.grt.ca



APPLICATION FORM

For residents of Kitchener, Waterloo and Cambridge Overview

Please note that the eligibility criteria are different for residents of the Townships of Woolwich, Wellesley, Wilmot and North Dumfries. Information on service in the Townships is available by calling 519-585-7555 or at www.grt.ca/MobilityPLUS.

- 1) Incomplete or illegible applications will not be processed and will be returned to the applicant (you). Please confirm that every applicable blank has been filled in on all pages.
- 2) If the information provided on the application indicates you potentially meet GRT MobilityPLUS eligibility criteria, you will be contacted in approximately two weeks to arrange an Assessment Session.

Please note, the Assessment evaluates your **physical** ability to access conventional transit, as per the eligibility criteria as listed on page 2. GRT can not consider age, income, convenience of stops, cognitive challenges, loss of a driver's license or the availability of others to travel with you on conventional fixed-route service.

- 3) The information from both the application and assessment will be reviewed to decide if you meet the criteria.
- 4) After you have been assessed, you will be notified by mail as to whether or not you are eligible. If you are eligible, your notification will include information about the GRT family of services. Your notice will be sent approximately two weeks after the assessment has been completed.
- 5) Please contact us at 519-585-7555 if you have not been contacted by GRT within one month of submitting your application.

I have read and understand this Application Form Overview.

 Applicant's name (please print)

 Applicant's signature



Applicant's Name: _____

1. Please identify any or all of the following challenges as applicable to you:
 - can not breathe without supplementary oxygen in extreme cold
 - can not breathe without supplementary oxygen on smog days
 - can not breathe without supplementary oxygen at any time
 - can not stand without the aid of a walker
 - can not stand without the aid of a cane
 - endurance is significantly limited by cardiac condition
 - eyesight is extremely limited, not correctable with glasses

2. How many steps can you walk up, with a single handrail?
 - 0 1 to 3 4 to 6 7 to 10

3. How many steps can you walk down, with a single handrail?
 - 0 1 to 3 4 to 6 7 to 10

4. How many blocks can you walk before having to stop for a rest?
 - 0 1 to 3 4 to 6 7 to 10

5. After having a 2 minute rest, how many more blocks can you walk?
 - 0 1 to 3 4 to 6 7 to 10

6. Do you require physical assistance when using a GRT conventional transit bus?

Yes No

If Yes, please identify what type of assistance is required:

7. Would you require physical assistance if using a GRT MobilityPLUS transit vehicle?

Yes No

If Yes, please identify what type of assistance is required:

8. Do you require physical assistance to transfer to or sit in a four door car?

Yes No

If Yes, please explain type of assistance required:



Applicant's name: _____

9. Please check all that apply and fill in the blanks as required.
 I can get to and from a conventional transit bus stop only if I:
- have an attendant or companion present
 - do not have to walk on icy or snow covered sidewalks
 - need to travel less than an average city block
 - receive travel training for the stops frequently used
 - other _____

OR: I would have significant difficulty in getting to and from a conventional bus stop. Please explain why:

10. Are you recovering from a trauma or surgery? Yes No
If Yes, how long ago was the trauma or surgery?
- less than one month 1 to 3 months 4 to 8 months
 - 9 to 12 months more than 1 year

11. Is your physical mobility expected to improve? Yes No
If Yes, please complete the following three questions.

a) Identify the approximate time frame in which maximum improvement is expected:

- 1 to 3 months? 4 to 8 months? 9 to 12 months?
- 13 to 18 months? 18 to 24 months

b) Is the overall improvement expected to be:

- minimal (slight improvements)
- moderate (better than now but not as good as before)
- significant (almost or definitely back to your previous health)

c) Please identify any and all areas of physical ability that are anticipated to improve in the above time frame:

- walking distance balance ascending steps
- descending steps breathing other _____



Applicant's name: _____

Please be aware that if you face any of the challenges as identified in Question 12, it is your and/or your family and/or caregiver's responsibility to provide any supports that are needed to request transportation, travel to, from or on-board the vehicle or access community resources.

12. Do you require supervision? Yes No

If No, please go on to question 13

If Yes, please check all answers that apply in a) and b) below:

a) Is the supervision required due to:

- lack of cognitive ability to recognize the destination
- confusion
- memory issues
- vulnerability
- behavioural challenges
- age
- other _____

b) Can you:

- be left alone at the accessible door of your home
- be left alone at the accessible door of your destination
- travel without a companion or attendant
- remain unsupervised on-board the vehicle for about 1 hour
- independently identify the correct bus to board at a bus stop

GRT MobilityPLUS is an accessible door to accessible door transportation service. Some physical assistance is provided, such as pushing a person in a wheelchair from the vehicle to the accessible door. Please be aware that the vehicle operator will be absent from the vehicle while escorting other customers to their door. The vehicle operator will use the on-board restraint system to secure persons using a mobility aid.

Only physical barriers to accessing conventional transit are considered when determining eligibility. The above information is requested for operational purposes only, for use if the applicant is determined eligible according to current eligibility criteria, as outlined on page 2.



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Applicant's name: _____

13. Please identify any devices that may be used by the applicant while on-board a GRT MobilityPLUS vehicle. A mobility aid must be secured by the Vehicle Operator according to GRT MobilityPLUS standards.

a) Are you...	YES	NO
using portable oxygen		
using a cane		
using crutches <input type="checkbox"/> standard <input type="checkbox"/> forearm crutches		
using a walker <input type="checkbox"/> folding <input type="checkbox"/> non-folding		
using a CSA Standard Z604 - 95 approved transportation stroller for children with individualized seating requirements		
legally blind (must attach photocopy of CNIB registration card)		
using a guide or service dog (must attach photocopy of certification)		
using a scooter (must transfer independently to seat on vehicle)		
using a manual wheelchair <input type="checkbox"/> non-folding (or not easily folded) <input type="checkbox"/> Broda seating <input type="checkbox"/> folding transport chair (4 small wheels) <input type="checkbox"/> chair that can be folded quickly under direction and put in trunk of vehicle		
using a power wheelchair		
b) Does the combined weight of person and mobility aid exceed 750 pounds (340 kilograms)?		
c) Please indicate make and model of manual and/or power wheelchair		
d) If wheelchair is wider than 31 inches (78 centimeters) from outer side wheel to outer side wheel, please provide width measurement		

14. Please provide a brief summary of any information as pertinent to this application:



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APPLICATION FORM

Release of Information Consent Form

The personal information requested on this form is collected under the authority of the Municipal Act and will be used to assist in processing your application for GRT MobilityPLUS services. Questions about this collection should be directed to the Manager, Marketing and Communications at the address and telephone number listed above.

I/We agree to the use of the information above to enable GRT to assess my application for specialized transit. I/We certify that the information provided is accurate and current. I/We allow GRT to contact any healthcare professional, or family member named within to obtain further information as required to determine eligibility status. Upon successful registration, I/We also allow GRT to contact individuals named within to assist with operational concerns (if they arise).

Signature of Applicant: _____

Name of Applicant: _____
 (please print)

Date (month/day/year): _____

Signature of Witness: _____

Name of Witness: _____
 (please print)

Date (month/day/year): _____



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PLEASE READ CAREFULLY:

Is the Applicant temporarily residing in a short stay, respite, complex continuing care or similar unit or facility?

Yes No

If No:

Please return all 9 pages of the application to the address as shown on the top of the page. Please ensure all information is printed clearly. Incomplete or illegible applications will not be processed and will be returned to the applicant.

If Yes,

Please complete the following:

Temporary address of applicant:

_____	_____	_____
Unit /Apt #	Street #	Street Name
_____	_____	_____
City	Postal Code	Long term care facility name

Staff contact name: _____

Phone number: _____ Fax number: _____

Please provide any details necessary for GRT MobilityPLUS to access the location, for example if pick up or drop off door is different than main door of location.

Anticipated date of discharge: _____(month/day/year)

Upon discharge will applicant be discharged to:

Home address as shown on page 2? Yes No Unknown

Long term care facility? *Yes No Unknown

***If Yes,** please indicate name of facility: _____