

# Handibus Registration Form



St. Albert Transit 'Handibus' is a service designed to assist in meeting the mobility needs of City of St. Albert residents who cannot use regular accessible transit services due to a physical or cognitive disability. All Handibus users must be registered with St. Albert Transit prior to booking a trip. Photo ID will be issued after the form is submitted.

There are two parts to this application. Part A is for the applicant to fill out and Part B needs to be completed by a qualified medical practitioner. Please mail to:  
St. Albert Transit 235 Carnegie Drive, St. Albert, AB T8N 5A7 or Fax: 780-459-4050.

## Part A (Please print clearly)

Date: \_\_\_\_\_

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

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Male or Female Date of birth: \_\_\_\_\_  
Year / Month / Day

Do you require an Attendant to travel with you? Yes No

*\*\*\* Applicants requiring an attendant will only be allowed to travel when an attendant is with them. They will not be allowed to travel alone. \*\*\**

### In case of an emergency, who can we contact?

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Evening Phone #: \_\_\_\_\_

### Please indicate any special equipment you use:

Handheld Wheelchair \_\_\_\_\_ Respirator \_\_\_\_\_  
Electric Wheelchair \_\_\_\_\_ Cane/crutches/walker \_\_\_\_\_  
Scooter \_\_\_\_\_ No Special equipment \_\_\_\_\_  
Other (please specify) \_\_\_\_\_

If you do not use a wheelchair, can you easily access a regular vehicle seat?

Yes No

Can St. Albert Transit contact you in the future for information gathering through surveys or other initiatives? Yes No

### Collection and Use of Personal Information

This personal information is being collected in accordance with the Municipal Government Act (MGA) and section 33 (c) of the Freedom of Information and Protection of Privacy Act (FOIP). It will be used for the sole purpose of evaluating the applicant's eligibility for Handibus service. Information may also be used by St. Albert Transit for statistical and research purposes. It is protected by the privacy provisions of the FOIP Act.

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## Part B *(Please print clearly)*

### Medical Assessment

To be completed by qualified medical practitioner (Medical Doctor, Occupational Health Therapist or Physiotherapist). Please mail to St. Albert Transit - 235 Carnegie Drive, St. Albert, AB T8N 5A7 or fax to 780-459-4050.

St. Albert Transit Handibus is a specialized service restricted to physically or cognitively disabled individuals who because of temporary or permanent impairment cannot physically use regular public transit service.

**Applicant's Name:** \_\_\_\_\_

**Please explain what makes the applicant unable to use regular public transit**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The disability is** Permanent or Temporary  
If temporary, for how long? \_\_\_\_\_

**Can the applicant walk three blocks unassisted without rest?**

Yes No If no, why not? \_\_\_\_\_

**Can the applicant climb three stairs? *(please select one)***

With no difficulty \_\_\_\_\_ With some difficulty \_\_\_\_\_  
With great difficulty \_\_\_\_\_ Cannot manage stairs at all \_\_\_\_\_

**St. Albert Transit drivers must concentrate on the safe operation of their vehicle and cannot supervise those that require constant or frequent attention because of medical or behavioural reasons. In your opinion, should the applicant travel with an attendant?**

Yes No

*\*\*\* Applicants requiring an attendant will only be allowed to travel when an attendant is with them. They will not be allowed to travel alone. \*\*\**

**Name:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_

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

**Professional Designation:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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