



Town of Fort Erie
Infrastructure Services
1 Municipal Centre Dr.
Fort Erie, ON
L2A 2S6
Attn. Transit Program Manager

Please complete and return this form
in person, by mail, or fax to 905-871-6411

For more information, call 905-871-4655
or 905-871-1600 Ext. 2401

Eligibility Guidelines

The Fort Erie Accessible Specialized Transit (F.A.S.T.) provides curb-to-curb transportation intended for persons with a disability and/or persons who would be unable to board a conventional transit vehicle, or walk a distance of 175 metres (approximately 600 feet).

The service is only available to those travelling within the municipality of the Town of Fort Erie. The service is provided to registered Clients of F.A.S.T. for medical appointments, educational and/or employment related trips as well as social/ recreational trips.

Personal information:

(Circle one) Mr Mrs Miss Ms

Last name: _____ First name: _____

Date of birth: _____

Address: _____

Name of Residence (if applicable): _____

Day time phone: _____

Evening phone: _____

Preferred method of contact for service delay in excess of 30 minutes:

Phone or email: _____

In case of emergency, please notify:

Name: _____

Address: _____

Phone numbers: _____ / _____ / _____

Relationship to applicant: _____

If you are currently using any other specialized transit service, please name them.

Authorization

I hereby authorize the Town of Fort Erie to use this application to assess my eligibility. This application will be reviewed by members of this organization as well as the Eligibility Committee for the purposes of determining my eligibility for the specialized transit service. I also authorize the signing medical/health care professional to release any information to the Town of Fort Erie for purposes of determining eligibility. I also understand that this information may be released to The Canadian Red Cross Society - Niagara, the service deliverer, and that my continued eligibility may be assessed from time to time. I also agree that I will abide by all of the Rules and Operating Procedures of the F.A.S.T. service.

*Applicants Signature _____ Date _____
Or Power of Attorney (dd/mm/yr)

The personal information that is collected by the Town of Fort Erie is collected under the authority of the *Municipal Act, 2001*, S.O. 2001, c.25 as amended, and is used solely for the administration of the specialized transit service. This information is held in strict confidence. You have the right to access this information or ask questions about it by contacting the Canadian Red Cross Society – Niagara’s Transportation Manager at (905) 680-4099.

**Application will not be processed without the signature of the applicant, guardian or POA.*

Note: Applications will be processed within 14 calendar days. Applicants will be notified by mail whether the application has been approved or denied.

Medical/Health Practitioner Professional Information

Name (Please print)	
License/Certification #	
Address	
Telephone	
Fax	
Email	

<input type="checkbox"/> Licensed Physician	<input type="checkbox"/> Licensed Chiropractor
<input type="checkbox"/> Licensed Physical Therapist	<input type="checkbox"/> Certified Rehabilitation Specialist
<input type="checkbox"/> Registered Nurse (or RPN)	<input type="checkbox"/> Certified Psychologist/Psychiatrist
<input type="checkbox"/> Registered Occupational Therapist	<input type="checkbox"/> Licensed Optometrist/Ophthalmologist

Other (Specify): _____

Disability Information (must be completed)

1) Condition(s) causing the impact to the functional mobility of the applicant:

	Yes	No
2) Would the applicant be physically able to board a conventional transit bus?	[]	[]
3) Is the applicant able to walk a distance of 175 metres?	[]	[]
4) Is the applicant at risk of falling due to vertigo?	[]	[]
5) Does the applicant require a support person to ride on board a bus/ van? (i.e. they are not able to self-direct their own care or are unable to be left unattended while on board the vehicle)	[]	[]

6) Check the items that the applicant may have with them when they board a vehicle.

<input type="checkbox"/> Manual wheelchair	<input type="checkbox"/> Hearing aid
<input type="checkbox"/> Powered wheelchair	<input type="checkbox"/> Communication board
<input type="checkbox"/> Powered scooter	<input type="checkbox"/> Oxygen bottle
<input type="checkbox"/> Walker	<input type="checkbox"/> Service animal
<input type="checkbox"/> Prosthesis	<input type="checkbox"/> Crutches
<input type="checkbox"/> Cane	<input type="checkbox"/> White cane

Other Aids (Specify): _____

Eligibility Duration: (please check one)

Unconditional eligibility _____

A person whose functional mobility prevents them from using conventional transit

Temporary eligibility _____

A person whose temporary functional mobility prevents them from using conventional transit

Conditional eligibility _____

A person whose functional mobility due to environmental or physical barriers limit their ability to consistently use conventional transit (i.e. seasonal)

Are there other factors limiting the applicants functional mobility? Please Explain.

Medical/Health Practitioner Signature

Date

(dd/mm/yr)