



SPECIALIZED TRANSPORTATION PROFESSIONAL VERIFICATION

The Regional Municipality of Wood Buffalo Fleet & Transit Services (coordinate the Specialized Transportation Program for The City of Fort McMurray. Specialized Transportation determines eligibility for these services using an applicant's personal information form and professional verification. One of the following from the list of **licensed health care professionals**; having the knowledge, training, and ability to assess an applicant's functional and/or cognitive abilities to use regular transit; **MUST** complete the following form. (Please check one)

- | | |
|--|---|
| <input type="checkbox"/> Doctor (Physician or Surgeon) | <input type="checkbox"/> Osteopath or Podiatrist |
| <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Registered Social Worker |
| <input type="checkbox"/> Physical Therapist | <input type="checkbox"/> Psychiatrist or Psychologist |
| <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Registered Nurse |
| <input type="checkbox"/> Optometrist/Ophthalmologist | <input type="checkbox"/> Registered Psychiatric Nurse |

Based on the applicant's ability to use regular transit, applicants may be found eligible for all trips, conditionally eligible for some trips, or ineligible. The information you provide will help Specialized Transportation make an appropriate determination for this applicant. Applicants must sign an authorization allowing their health care professional to release to Specialized Transportation information necessary to determine eligibility for accessible and specialized transportation services. Specialized Transportation may contact you to clarify the information provided.

1. Applicants Name: _____
2. Does the applicant use Fort McMurray Transit? Yes No
If not, when was the last time the applicant used public transit? _____
3. Does the applicant's disability or health condition PREVENT (not make difficult) the use of buses? Sometimes All the time None of the time
Details: _____

4. How long do you expect the applicant's disability or health condition will PREVENT the use of Fort McMurray Transit? _____ months, years (circle one)
5. Please check type of disability: Functional Cognitive Sensory
 Seizure disorder (please provide details) _____
 Other: _____

6. How does the applicant's disability or health condition affect his/her physical or cognitive functioning? _____

7. Does the applicant's disability, health condition or equipment restrict his/her ability to wear a seatbelt during transportation? If Yes, this form MUST be completed by a Physician or Surgeon. Yes, this person should be seatbelt exempt No

8. Does extreme temperature (i.e. very hot, very cold) affect the applicant's ability to use regular transit services? Yes No
If yes, please describe: _____

9. Can the applicant:	Yes	No	Do Not Know
• Travel when there is snow or ice on the ground (i.e. landmarks are hidden, uneven, slippery terrain)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Understand directions needed to complete a trip?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Read information signs and identify the correct bus?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Travel independently to get to the nearest transit stop or station? What is that distance? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Step on and off a curb to get to a bus stop?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Wait at a stop or station, while standing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Wait at a stop or station, while seated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Climb up/down 3 stairs (12" height each) independently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Board a low-floor bus (a bus without steps) independently, if there is a ramp at curb level and handrails?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Did you perform a functional assessment or examination in order to determine this applicant's functional ability to take transit? Yes No

11. Please note any additional information you have about the applicant's functional ability to use regular transit. _____

12. Please confirm how long you have known the applicant _____

I certify that I am a currently licensed health care practitioner under the Alberta Health Professions Act and that the above information is accurate and complete.

Name (please print): _____ Title: _____
Address (please print): _____
Phone # _____ Fax # _____
Signature: _____ Date: _____

**Note: Completed forms are to be returned to the applicant, to be submitted to Regional Municipality of Wood Buffalo Specialized Transportation, 9909 Franklin Ave. Ft. McMurray, T9H-2K4
DO NOT FAX THIS FORM. For additional information on completing this form, contact Specialized Transportation at 743-7909, 8:30 a.m. – 4:30 p.m., Monday to Friday.**