Spruce Grove
Specialized Transit Service
c/o 315 Jespersen Avenue, Spruce Grove, Alberta T7X 3E8 Phone 962-2456

Application

Instructions: All applicants must complete page 1 and 2. If you are have a disability and are under the age of 55, page 3 must be completed by a qualified health care or social services practitioner familiar with your case.

Name: _____
Surname First Name Middle Name

Name you go by: _____ Are you over 55 or under? _____ Over _____Under

Address: _____ City: _____ Postal Code _____

Home Phone: _____ Cell _____

Pick up Address: _____ Front Door: _____ Back Door: _____
(if different from above)

Mailing address: _____ Postal Code: _____
(if different from above)

Which primary mobility aid(s) do you use when traveling in the community: **(check all that apply)**

	None		Long White Cane		Powered Wheelchair**
	Walking Cane		Crutches		Collapsible Walker**
	Leg Braces		Interpreter/Intervener		Manual Wheelchair**
	Service Animal		Hearing Aid		Scooter**
	Personal Attendant		Oxygen Tank		Walker**
	Communication Devices		Prosthesis		Other

** Please provide outside dimensions: _____

Emergency Contacts: List two people we can contact in case of an emergency.

Name: _____ Name: _____

Home Phone: _____ Home Phone: _____

Cell: _____ Cell: _____

Please provide any additional information that may be relevant to this application:

_____

_____

_____

I hereby declare that the information provided above is true and correctly represents my condition. By signing this application I hereby give consent for STS to contact my emergency contacts and disclose my situation in an emergency.

_____ _____, 20_____

Applicant's Signature Date

PLEASE NOTE: This application will be reviewed by the STS Screening Committee as soon as possible and you will be notified of their decision.

All locations served by the Specialized Transit Service (STS) must be accessible. Please confirm your destination is accessible BEFORE booking a trip. All locations must be kept free of snow and ice or we will not be able to provide service. All Wheelchair ramps must meet safety regulations or STS will not be able to provide service.

Please ensure all mobility aids are in good repair. STS must be able to secure your mobility aid or we may not be able to provide you with service. STS operators reserve the right to refuse clients service if they feel that mobility aides do not meet with appropriate safety size and weight restrictions.

STS operators will provide assistance to and from the **first set of accessible doors** and with the securing of mobility aids and seatbelts. STS operators are not responsible to assist with parcels, groceries etc.

If a mandatory attendant is required, the registrant will not be able to book any trips for travel without a mandatory attendant*. This applies to all trips.

Passengers displaying unacceptable behavior that affects other passengers (and/or the Operator) will be required to ride with an attendant at all times.

***Definition of Mandatory Attendant**: A mentally competent person of legal age (18 years+) who is responsible for the actions and assistance of an STS registered client that requires assistance due to a medical condition and/or behavioral concern while utilizing the services of Spruce Grove Specialized Transit Service (STS).

Completed applications can be: Dropped off at 301 Jespersen Avenue Spruce Grove **Or**
Mail to: Specialized Transit Service c/o 315 Jespersen Avenue, Spruce Grove, AB, T7X 3E8
Or Fax to: 780-962-9501

For more information please call (780)962-2456.

This information is being collected under the authority of section 33 (c) the Freedom of Information and Protection of Privacy (FOIP) Act. It will be used to administer services provided by the City of Spruce Grove operating as Spruce Grove Specialized Transit Service. The personal information provided will be protected in accordance with Part 2 of the Act. If you have any questions regarding the collection, use and disclosure of personal information, please contact the FOIP Coordinator at 780-962-2611.

This section to be completed by a Health Care Practitioner if applicant has a disability and is under the age of 55

STS is a non-profit door to door public transportation service for all seniors and for youth, adults and families **who are unable to use regular transportation because of a physical or mental disability.**

Eligibility requirements include persons with disabilities and persons over the age of 55.

***This form must be completed in full and signed by a qualified health care practitioner familiar with the Applicant's disability (i.e. medical doctor, registered nurse, registered psychiatric nurse, occupational therapist, physical therapist, or rehabilitation practitioner).**

For more information please call (780)962-2456.

What is the nature of the applicant's functional impairment or disability and how does it specifically restrict their ability to use a regular vehicle? _____

_____

_____

_____

The disability is: _____ permanent _____ temporary. If temporary, please specify length of time that service is required, i.e. weeks/months _____

_____

STS drivers must concentrate on the safe operation of the vehicle and cannot provide supervision to those who require constant or frequent attention because of medical of behavioral reasons.

In Your opinion should the applicant travel with an attendant? Yes _____ No _____

Can applicant be left alone at their destination? Yes _____ No _____

PLEASE NOTE: STS does not provide attendants. If "yes," the applicant must travel with an attendant at all times, and the trip will not be accommodated if the attendant is not present.

NEEDS ASSESSMENT AUTHORIZATION – I have assessed this applicant and based on my professional knowledge and opinion, I, the undersigned, recommend this individual as eligible to use the services of STS.

_____ _____

Print name of Health Care Practitioner and title **Phone # and Ext.**

_____ _____

Agency Affiliation (if any) **Practitioner's Address**

_____

Signature of Practitioner

_____, 20_____

Date

Health Care Professional Stamp (if applicable)