



## Specialized Transportation Application Form

### GENERAL:

Our Special Mobility Assistance Required Transportation (S.M.A.R.T. Bus) Service is an accessible curb to curb service for seniors, and those unable to board the regular transit system or have no other transportation means.

While S.M.A.R.T. bus attempts to provide service to all registrants, not all trips may be accommodated due to increase demand of service. Applicants and registrants are encouraged to try alternatives such as Fort McMurray Public Transit, and private means of transportation when possible.

The Regional Municipality of Wood Buffalo reserves the right to have Part A and Part B resubmitted upon their discretion.

### INSTRUCTIONS:

All applicants must complete Part A. Part B must be completed and signed by your doctor, nurse, or another health care worker who is familiar with your health problems and disabilities. **The completion of this form is the responsibility of the applicant.** If the applicant is 65 or over, complete Part A only. Proof of age must be included with application.

### ADDITIONAL NOTES:

- Only applications with Parts A and B fully completed and signed will be considered for approval;
- Part A only for applicants 65 or over;
- Incomplete forms will be returned;
- All information must be kept up to date;
- Call the mainline immediately for information changes, (780) 743-7909;
- PRINT clearly.

**IMPORTANT:** All locations served by the S.M.A.R.T. bus must be accessible. Site inspections will be approved by the supervisor to ensure safe accessibility for both drivers and passengers.

Completed forms should be mailed to:

Regional Municipality of Wood Buffalo  
S.M.A.R.T Bus – Specialized Transportation  
9909 Franklin Avenue  
Fort McMurray, AB T9H 2K4

For additional information on completing this form, contact the mainline at (780) 743-7909, 8:30 a.m. – 4:30 p.m. Monday to Friday.

**PART A – Personal Information – To be completed by the applicant.**

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

Name: \_\_\_\_\_ Gender:  Male  Female

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

Postal Code: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone (Day): (780) \_\_\_\_\_ (Evening): (780) \_\_\_\_\_

Cell: (780) \_\_\_\_\_ Work: (780) \_\_\_\_\_

School (if applicable) \_\_\_\_\_ Phone: (780) \_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: (780) \_\_\_\_\_ Work: (780) \_\_\_\_\_

Cell: (780) \_\_\_\_\_

Category							
W/C Wheelchair Child (5+)	D/C Disabled Child (5+)	D/A Disabled Adult (18+)	SR Senior (65+)	W/SR Wheelchair Senior (65+)	D/SR Disabled Senior (65+)	W/A Wheelchair Adult (18+)	Temporary

**Medical Information:**

Disability: \_\_\_\_\_

\_\_\_\_\_

Seizures:  Yes  No What triggers seizures? \_\_\_\_\_

Choking:  Yes  No

Fainting:  Yes  No

Heart Condition:  Yes  No

Seat Belt Exempt:  Yes  No On File:  Yes  No

Which mobility aid(s) or equipment do you use when traveling?  
(Check all that apply)

- Cane
- Powered Scooter
- Portable Oxygen
- Crutches
- White Cane
- Manual Chair
- Walker
- Guide Dog
- Prosthesis
- Leg Brace(s)
- Powered Wheelchair
- Other (Please Specify): \_\_\_\_\_

***IMPORTANT:*** All mobility aids must be kept in good repair at all times or they cannot be accommodated on S.M.A.R.T. bus. Drivers will secure all mobility devices which meet the four point tie-down standards.

How do you currently get around in the community? (Check all that apply)

- Regular Public Transit
- Family/Friends drive me
- Own car
- Volunteers drive me
- Taxi
- Other (specify): \_\_\_\_\_

1. What are the disabling condition(s) that prevent you from using regular public transit? (List and describe the severity of the condition(s))

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2. Describe how these condition(s) prevent or limit you from using public transit?

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3. Does the applicant hold a valid license?  Yes  No

4. Does the applicant have access to a personal vehicle?  Yes  No

5. Have you ever traveled independently on Fort McMurray Transit?

Yes  No Explain: \_\_\_\_\_

\_\_\_\_\_

6. Are there any specific destinations that you are able to travel to independently on a regular transit bus? Please list the address(es) below.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Are there any particular times a day or days of the week when you are able to travel independently on a regular transit bus? Please list.

Times of day: \_\_\_\_\_

Days of the week: \_\_\_\_\_

8. Are there any times of year when you are able to travel independently on a transit bus? Describe.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Is there any additional information regarding your condition that has not been addressed/described above? If so, provide this below.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. If approved, when do you require this service? (check one)

Summer only  Winter only  All year long

*If temporary, specify duration:*  3 months  6 months  1 year

11. What time of day do you require service? (check one)

- Daytime only                       Evenings only                       Both day and evening

12. Think about your travel needs – when do you need S.M.A.R.T. bus?  
(check all that apply)

- For trips outside my neighborhood.  
 For destinations where the environment is not accessible (e.g. no sidewalk).  
 When I do not have an attendant who can travel with me.  
 Other: (specify) \_\_\_\_\_

**IMPORTANT:** Drivers will assist passengers on and off the S.M.A.R.T. Bus. Drivers cannot leave their vehicles unattended.

13. Will you require a mandatory attendant for behavioral or medical reasons when traveling on the S.M.A.R.T. bus?

- Yes    No

Explain: \_\_\_\_\_

**IMPORTANT:** Passengers displaying unacceptable behavior that affects other passengers and/or the driver will be required to ride with an attendant at all times. Mandatory Attendant designation is for clients who require supervision ON the vehicle, not at the destination or to assist with parcels, etc...

14. Can you be left alone at your destination?    Yes                       No

Can you be left alone at home?                       Yes                       No

If no, explain: \_\_\_\_\_

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

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

**IMPORTANT:** By filling out this application, the applicant is agreeing to all the terms and conditions of the use of S.M.A.R.T. bus services.

- I agree that my doctor, nurse, or other health worker may give information to the Regional Municipality of Wood Buffalo Specialized Transportation Program about my health problem or disability.
- I agree that the Regional Municipality of Wood Buffalo Specialized Transportation Program may give personal information to my doctor, nurse, or other health worker about my health problem or disability.
- I agree that the Regional Municipality of Wood Buffalo Specialized Transportation Program may give my name, phone number, and address to Specialized Transportation's "S.M.A.R.T. Bus" so they can give me services.
- I will tell the Regional Municipality of Wood Buffalo Specialized Transportation if I no longer need service.

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**Indicate who completed this form. If you completed it yourself, sign here:**

I hereby declare that the information provided above is true  
and correct and represents my condition.

\_\_\_\_\_  
Applicant Signature and Date

**If someone else completed this form, please indicate below.** (Advocate, guardian or health/social practitioner completing the form for applicant)

Name (print): \_\_\_\_\_

\_\_\_\_\_  
Signature and Date

Relationship to Applicant: \_\_\_\_\_

Professional Qualifications: \_\_\_\_\_

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

Phone: \_\_\_\_\_

How long have you known the applicant: \_\_\_\_\_

**PART B – Professional Verification** – To be completed and signed by your doctor, nurse, or another health care worker who is familiar with your health problem(s) and/or disabilities.

The Regional Municipality of Wood Buffalo Transit Services coordinates 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. How does the condition affect the applicant’s ability in the following general areas? (Check off each area as applicable)

	Perm	Temp*	Winter	Summer	Day	Night	Not at all
Walking/mobility							
Endurance							
Vision							
Memory							
Perceptual							
Behaviours							
Cognition							
Personal safety							
Other (specify)							

\*If temporary, specify duration:  3 months  6 months  1 year  Other

Explain: \_\_\_\_\_

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**4. Does the applicant's disability or health condition PREVENT (not make difficult) the use of regular transit?**  Sometimes  All the Time  None of the time

Details: \_\_\_\_\_

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**5. When can the applicant use public transit?**

Explain: \_\_\_\_\_

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**6. Please check type of disability:**  Functional  Cognitive  Sensory

Seizure disorder (please provide details) \_\_\_\_\_

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Other: \_\_\_\_\_

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**7. How does the applicant's disability or health condition affect his/her physical or cognitive functioning?** \_\_\_\_\_

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**8. Does the applicant's disability, health condition or equipment restrict his/her ability to wear a seatbelt during transportation?**

Yes this person should be seatbelt exempt.  No



- | 9. Can the applicant:  | Yes                      | No                       | Not Sure                 |
|--|--------------------------|--------------------------|--------------------------|
| ➤ Travel when there is snow or ice on the ground (i.e. landmarks are hidden, uneven, slippery)?              | <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 the distance? _____            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ➤ Step on and off 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. Will the applicant require a mandatory attendant for behavioral or medical reasons when they are in the S.M.A.R.T. bus?

Yes         No

Explain: \_\_\_\_\_

12. Can the applicant be left alone at their destination?         Yes         No

Can the application be left alone at home?                                 Yes         No

13. Please note any additional information you have about the applicant's functional ability to use regular transit? \_\_\_\_\_

14. Please confirm how long you have known the application \_\_\_\_\_

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**Indicate who completed Part B in this application form.**  
Qualified health care / social service practitioner completing this form for  
applicant.

Name (print): \_\_\_\_\_

\_\_\_\_\_  
Signature and Date

**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.**

Professional Qualifications: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

The personal information on this form is collected under the authority of section 33 (c) of the Freedom of Information and Protection of Privacy Act. The personal information will be used to process your eligibility for S.M.A.R.T. bus service. If you have any questions regarding the collection or use of this personal information contact the Supervisor, Specialized Transportation, 3rd Floor Hardin Street Building, 9816 Hardin St., or call (780) 743-7909.

**Note: Completed forms are to be returned to the applicant, to be submitted  
by mail to:**

Regional Municipality of Wood Buffalo  
S.M.A.R.T. Bus – Specialized Transportation  
9909 Franklin Avenue  
Fort McMurray, AB T9H 2K4

**For additional information on completing this form, contact Specialized  
Transportation at (780) 743-7909, 8:30 a.m. – 4:30 p.m. Monday to Friday.**

**Cancellations:**

**Due to the increasing amount of same day cancellations, cancellations at the door and no shows, SMARTBUS will be monitoring the cancellations on a daily basis. Clients who cancel with less than 24 hours notice will be notified of service cancellation after three incidents. The cancellation of service will be reviewed by management and the client will be notified as to the length of the suspension. Clients suspended will need to resubmit the registration to have service reinstated after the suspension period.**

I, \_\_\_\_\_, understand the requirements for giving 24 hours notice of cancellation to the smartbus. I understand that three incidents will result in suspension of service to be determined by RMWB Transit management.

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

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

Guardian Signature: \_\_\_\_\_

Email: [smart.bus@rmwb.ca](mailto:smart.bus@rmwb.ca)

Mail to: SMART Bus  
9909 Franklin Ave  
Fort McMurray, AB  
T9H-2T9