

Section 2: Functional Assessment Form (To be completed by a medical professional)

All information collected is under the authority of the Manitoba Personal Health Information Act (PHIA) and is protected by the Protection of Privacy provisions of PHIA & FIPPA (The Freedom of Information and Protection of Privacy Act). All information provided in this form is confidential and solely for the use of Brandon Transit and its agents in determining eligibility for Access Transit service as authorized by the City of Brandon.

I authorize the professional completing this form to release pertinent medical information to The City of Brandon, Access Transit Services, about my disability or health condition as it relates to determining by eligibility for specialized transportation.

NAME OF APPLICANT (please print) _____

SIGNATURE OF APPLICANT OR GUARDIAN OR ADVOCATE FOR APPLICANT:

Name of your medical professional _____ Telephone _____

- | | | |
|---|---|--|
| <input type="checkbox"/> Physician | <input type="checkbox"/> Physical Therapist | <input type="checkbox"/> Certified Psychologist/Psychiatrist |
| <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Optometrist/Ophthalmologist |
| <input type="checkbox"/> Registered Nurse | <input type="checkbox"/> Social Worker | <input type="checkbox"/> Long Term Care Case Man- |

Brandon Access Transit is a specialized public transportation service for persons with temporary or permanent physical or cognitive impairments who **cannot use** regular public transit service. Access Transit is not a taxi service or to be used for medical emergencies. Shared-ride transportation is provided to passengers in the form of wheelchair lift-equipped buses, mini-vans and sedans. Vehicles are assigned according to the passenger's disability and availability of vehicles. All trips must be booked in advance. Although Access Transit attempts to minimize travel time, passengers may have to ride on the vehicle for up to 30 minutes.

The purpose of this application is to provide sufficient information about the applicant to allow Access Transit staff to assess if the applicant is eligible for Access Transit services.

- Completing this application does not guarantee eligibility.
- All parts of this assessment must be completely filled out (in detail) and signed by a qualified medical professional (as specified above).
- Clearly describe the applicant's ability/inability to use regular Brandon Transit bus service and under what conditions.
- Any forms that are unclear, vague or incomplete will be returned.
- Charges for completing this form, (or for obtaining additional information) are the responsibility of the applicant.

Completed application forms should be mailed to:

**ACCESS TRANSIT
SERVICE APPLICATIONS
900 RICHMOND AVENUE EAST
BRANDON, MANITOBA R7A 7M1**



NAME OF APPLICANT _____

1. What is the health or disability condition(s), which prevent the applicant from using the regular transit system?

2. How does this condition affect the applicant's ability in the following general areas? (Check off each area as applicable)

	Permanent	Temporary*	Winter	Summer	Day	Night	Not at all
Walking/Mobility							
Endurance							
Vision							
Memory							
Perceptual							
Behaviors							
Cognition							
Personal Safety							
Other (explain)							

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

Explain:

3. Can the applicant use the regular Brandon Transit System at all?

NO YES If yes, when (please explain):



NAME OF APPLICANT _____

4. Please put a check () in each box that pertains to the applicant. We need to know any and all devices that may be used by the applicant while using Access Transit services. The information will be used by Access Transit services to determine eligibility and trip method.

Is the applicant	YES	NO
Using portable oxygen		
Using a cane		
Using crutches		
Using a walker <input type="checkbox"/> standard <input type="checkbox"/> arm clasp		
Using a scooter <input type="checkbox"/> folding <input type="checkbox"/> non-folding		
Using a manual wheelchair		
Using a power wheelchair <input type="checkbox"/> folding <input type="checkbox"/> non-folding		
Using a broda chair		
Using an oversized wheelchair (greater than 31 inches wide)		
If greater than 31 inches wide from outside wheel to outside wheel,		
Using a guide or service dog (must attach photocopy of certification)		
Legally blind (attach photocopy of CNIB registration card)		
Using a leg prosthesis		
Other (please explain)		

NAME OF APPLICANT _____

5. Please respond to the following questions:

Is the applicant able to	YES	NO
Travel when there is snow and ice on the ground? (i.e. landmarks are hidden, uneven, slippery terrain)		
Safely cross the street?		
Plan a trip and travel alone outside the home?		
Understand written and printed material?		
Understand spoken word or auditory information?		
Ask for directions?		
Problem solve in unexpected circumstances?		
Read information signs and correctly identify the bus?		
See at night?		
Travel independently to the nearest bus stop?		
Wait at a bus stop while seated?		
Wait at a bus stop while standing?		
Climb up 3 steps, with handrail?		
Climb down 3 steps, with handrail?		
Board a low floor bus (bus without steps) independently, if there is a ramp at curb level and handrails?		
Safely enter and exit a four door sedan, independently?		
Independently recognize the destination?		
Travel without an attendant providing physical assistance; for example: pushing a wheelchair?		
Travel without an attendant providing cognitive assistance; for example: ensuring personal safety providing memory prompts?		
Walk three blocks without physical assistance or a mobility aid?		
Other Comments (please specify):		



NAME OF APPLICANT _____

6. Will the applicant require an attendant for behavioral or medical reasons when they are in the Access Transit vehicle?

YES NO

Please explain:

NOTE: Registrants 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 their destination or to help with parcels, etc.

7. Can the applicant be left alone at their destination? YES NO

Can the applicant be left alone at home? YES NO

If no, please explain:

NOTE: If the registrant cannot be left alone and no one is available when the vehicle arrives to receive the registrant, the registrant will have "mandatory attendant" status assigned by Access Transit services and they will have to ride with someone at all times.

8. Is there any other information to add about the applicant's functional inability to use regular transit?

NOTE: Correct use of a securement safety system (mobility device) and seat belt assemblies (passenger) is mandatory and a condition of use when travelling on Access Transit vehicles. All Access Transit registrants are required to wear a seatbelt/shoulder strap, unless they have a medical exemption stating that they are unable to, due to health reasons. If this applicant is unable to wear a seatbelt/shoulder strap, please include a medical exemption with this application.



NAME OF APPLICANT _____

9. Did you complete any assessment or examination in order to determine this applicant's functional ability to take transit?

YES NO

Please explain:

Indicate who completed this Functional Assessment Form

(As selected from list of medical professionals on front page)

NAME (please print):

Signature

Date

RELATIONSHIP TO APPLICANT:

PROFESSIONAL QUALIFICATIONS:

ADDRESS:

PHONE NUMBER:

How long have you (or agency) been involved with the assessment of this person's health and physical condition?

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