

STS APPLICATION FORM

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Surname

Given Names

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Registration Number (will be assigned)

Instructions: All applicants must complete parts A, B, C & D. Part E must be completed by a qualified health care or social services practitioner familiar with your case.

Part A: Personal Information	To be completed by the applicant
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1. Name: _____

Surname
First Name
Middle Name
2. Birth Date: _____ 3. Gender: ____M ____ F
4. Mailing Address: _____ Postal Code: _____
5. Phone: Home _____ Work _____ Cell: _____
6. Have you registered with Spruce Grove Specialized Transportation before? ____Yes ____No

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

Name: _____	Name: _____
Home Phone: _____	Home Phone: _____
Relationship to applicant: _____	Relationship to applicant: _____

Part B: Traveling Information	To be completed by the Applicant
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Pick up Address: _____ Front Door: _____ Back Door: _____

7. 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: _____

Part C: Additional Information

To be completed by the Applicant

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

Part D: Signature & Date

To be completed by the Applicant

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

Applicant's Signature

Date

Additional Information

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.

Registrants 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).

Please drop off or mail completed application forms to:

301 Jespersen Avenue (drop-off)
Spruce Grove, AB

STS c/o 315 Jespersen Avenue (mailed)
Spruce Grove, AB T7X 3E8

Part E: Needs Assessment for Disabled Applicants To be completed by a Health Care Practitioner*

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.

1. 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?

2. 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 or 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 and title

Date

Signature

Phone No.

Agency Affiliation (if any)

Address