



# Regina Paratransit Service Application

## GENERAL INFORMATION

The Regina Paratransit Service is a shared ride bus service for Regina residents and visitors who are restricted from using regular transit because of a disability. Although Paratransit attempts to minimize travel time, passengers may ride for up to 75 minutes. Paratransit is not a taxi service.

Applicants are encouraged to use alternatives such as Regina Transit's accessible low-floor buses whenever possible. Lack of availability of Regina Transit bus service is not considered a valid reason for applying for RPS. For more information about Regina Transit services, call 777-7433 or visit [www.regina.ca](http://www.regina.ca).

Paratransit operators are required to assist passengers to and from the Paratransit vehicle to the inside of the closest accessible door.

Applicants whose applications are denied may appeal the decision by writing to:

Secretary, Accessibility Advisory Committee c/o City Clerk's office  
Box 1790, 2476 Victoria Avenue, Regina, SK S4P 3C8

## APPLICATION

- The purpose of the process is to ensure all passengers meet the eligibility requirements;
- Any charges incurred for completing this form or for obtaining additional information are the responsibility of the applicant. The completion of the application form does not guarantee eligibility;
- Only applications which are fully completed and signed will be considered for approval. Incomplete forms will be returned; and
- You may be required to provide further information and/or attend an interview with the Paratransit Eligibility Committee.

There are two parts to this application, **Part A** and **B**. **All applicants must complete Part A.** **Part B** must be completed and signed by a qualified health care practitioner familiar with your disability (**Occupational Therapist, Physical Therapist, Rehabilitation Therapist or Physician**) unless certain criteria are met (see Part B).

**Please allow 7 – 10 business days to process your application.**

Please send completed application forms to:

Regina Paratransit Service  
Box 1790, 333 Winnipeg Street  
Regina, Saskatchewan S4P 3C8  
or fax to: (306) 949-7211

For more information call (306) 777-7007



1. Which mobility aid(s) do you use (check all that apply)?

- None
- Cane
- Leg Braces
- Prosthesis
- Crutches
- Service Animal
- Oxygen
- Respirator or Ventilator

- Walker (collapsible)
- Walker (non-collapsible)
- Oversize Wheelchair \*
- Manual Wheelchair \*
- Broda Chair \*
- Motorized Wheelchair \*
- Scooter \*
- Other: \_\_\_\_\_

2. Paratransit vehicle wheelchair lifts measure 34" X 54". The combined weight of the passenger and mobility aid cannot exceed 750 lbs. \*Do the outside dimensions of the wheelchair/scooter, or the approximate combined weight of yourself and the wheelchair/scooter exceed the above measurements or weight?

Yes

No

If yes, please explain:

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3. How are you getting around now? Check all that apply.

- Regular public transit bus
- Own car
- Family or Friends

- Volunteers or Staff
- Taxi
- Other (explain): \_\_\_\_\_

4. What has changed so that you are now applying for paratransit?

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5. Please describe why you are unable to use regular transit?

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6. When are you able to travel on a regular transit bus? Please list.

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

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

Times of the year: \_\_\_\_\_

7. Is your condition expected to improve or change over time?

Yes

No

If yes, please explain:

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8. How many city blocks can you walk? \_\_\_\_\_

Is the distance you can walk affected by the weather or time of day?

Yes

No

If yes, please explain:

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9. Can you recognize landmarks?

Yes

No

If no, please explain:

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10. Can you go up and/or down steps without help?

Yes

No

If "Yes", how many steps in a row? \_\_\_\_\_

11. If approved for paratransit, when would you need the service?

(check one)

Summer only

All year

Winter only (Nov 1-Mar 31)

As a visitor

If temporary, specify duration:

3 months

1 year

6 months

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

What time of the day? (check one)

Daytime only

Evenings only

Both day and evening

12. Some applicants may require someone to travel with them when using paratransit. If so, the applicant will not be permitted to book trips without a mandatory attendant for medical or behavioural reasons. This may not apply to those travelling to adult day programs.

Will you require a mandatory attendant when using the service?

Yes

No

If yes, please explain:

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13. Can you be left alone at your destination?

Yes

No

If no, please explain:

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14. Can you be left alone at home?

Yes

No

If no, please explain:

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15. Are you registered to receive paratransit service in another community?

Yes Location\_\_\_\_\_

No

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

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## Release of Information

I the applicant, understand the purpose of this application form is to determine my eligibility to use the Regina Paratransit Service. I agree to release the information requested to the Regina Paratransit Service and in the event of an appeal, the Accessibility Advisory Committee. I understand that the information contained herein will be treated confidentially. I understand further, that Regina Paratransit Service reserves the right to request additional information.

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

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Applicant Signature and date

If someone else completed this form on your behalf, please indicate below.

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

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Signature and date

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

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

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

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

All information collected on this form is handled and maintained in accordance with the City of Regina's Customer Privacy Policy which is available on our website at <a href="http://www.regina.ca">www.regina.ca</a> .
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## **Part B: Regina Paratransit Service External Assessment**

To be completed by a Health Care Practitioner (**Occupational Therapist, Physical Therapist, Rehabilitation Therapist or Physician**). **This person cannot be a family member.**

**Part B** must be completed unless one of the following criteria is met. Please check all that apply:

- \_\_\_ use a walker, wheelchair or scooter on a **permanent** basis, all the time;
- \_\_\_ enrolled in the Pioneer or William Booth Adult Day Program;
- \_\_\_ a resident in the following extended care residences; William Booth, Lutheran, Pioneer Village, Elmview, Parkside, Sunset, Santa Maria or Wascana Rehabilitation; or
- \_\_\_ registered for Paratransit service in another community with similar eligibility criteria.

**If any of the above criteria is checked, you do not need to complete Part B.**

The Regina Paratransit Service is a specialized public transportation service for those with temporary or permanent disabilities who are restricted in using regular transit bus service. Paratransit is shared ride transportation, not a taxi service. Although Paratransit attempts to minimize travel time, passengers may ride on the vehicle for up to 75 minutes.

**Any charges incurred for completing this form or for obtaining additional information are the responsibility of the applicant. The completion of the assessment does not guarantee eligibility and applicants may be required to complete a personal interview with the Paratransit Eligibility Review Committee.**

The purpose of this assessment is to provide sufficient information about the applicant to permit Regina Paratransit staff to assess the applicant's eligibility for Paratransit. Paratransit may request more information from the person completing this assessment.

- All parts of this assessment must be completely filled out and signed by a qualified health care practitioner (Occupational Therapist, Physical Therapist, Rehabilitation Therapist or Physician) familiar with the applicant's disability.
- Clearly describe the applicant's ability/inability to use regular transit and under what conditions.
- Any forms that are unclear or incomplete will be returned.

Please send completed application forms to:

Regina Paratransit Service  
Box 1790, 333 Winnipeg Street  
Regina, Saskatchewan S4P 3C8  
or fax to: (306) 949-7211

For more information call (306) 777-7007

## Part B: Regina Paratransit Service External Assessment

<b>Applicant Last Name:</b>																			
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<b>Applicant First Name:</b>																			
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1. What is the condition(s) which restricts the applicant from using regular transit?

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2. How does this condition affect the applicant's ability in the following areas?

Walking/Mobility/ Strength/Endurance	
Vision/Perception	
Memory/Cognition	
Behaviour	
Other (specify)	

Do the above limitations vary with season and/or time of day (e.g. night, winter)?

Yes

No

If yes, please explain:

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3. Will the effects of the applicant's disability decrease or change over time? (e.g. mobility after knee surgery will improve in a few months time)

Yes

No

Please explain:

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4. Does the applicant's disability or health condition prevent or make difficult the use of low floor buses which are buses without stairs?

Yes

No

Sometimes

Please explain:

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5. When can the applicant use regular transit service?

Please explain:

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6. Could the applicant learn to use regular transit if someone taught him/her how to use it?

Please explain:

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7. Some applicants may require someone to travel with them when using paratransit. If so, the applicant will not be permitted to book trips without a mandatory attendant. This may not apply to those travelling to adult day programs.

Will the applicant require a mandatory attendant when using the service?

Yes

No

If yes, please explain:

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8. Can the applicant be left alone at his/her destination?

Yes

No

If no, please explain:

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9. Can the applicant be left alone at home?

Yes

No

If no, please explain:

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10. Date the assessment to determine the applicant's functional ability to take transit was completed : \_\_\_\_\_

**Indicate who completed Part B - Health care practitioner (Occupational Therapist, Physical Therapist, Rehabilitation Therapist or Physician).**

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

\_\_\_\_\_  
Signature and date

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

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

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

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

How long have you (or your agency) known the applicant's condition? \_\_\_\_\_

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