

1. Eligibility criteria

- A) Be a handicapped person**, that is, “a person with a deficiency causing a significant and persistent disability (impairment), who is liable to encounter barriers in performing everyday activities.”
- B) Have permanent mobility limitations that justify the use of adapted services.**

Accordingly, temporary limitations, such as a broken leg, cannot be used to apply for admission.

You can read about *Eligibility for Paratransit* on the website of the ministère des Transports at www.mtq.gouv.qc.ca, under the heading “Persons with Disabilities.”

2. Steps

Part 1 to be filled out by **applicant**

Part 2 to be completed by a **health care or educational professional**, according to the nature of applicant's condition. Refer to chart below.

<p>DIAGNOSIS</p> <p>Motor disability, for permanent wheelchair-users: physician, occupational therapist, physiotherapist, physiatrist, physical rehabilitation therapists.</p> <p>Classification: cardiac, pulmonary, Parkinson, Alzheimer, TBI, and others: medical specialist, occupational therapist, physical therapist.</p> <p>In all other cases: occupational therapist, physical therapist, physiatrist, or physical rehabilitation therapist.</p>	<p>Intellectual impairment: special needs professional, psycho-educator, psychologist or social worker.</p> <p>Visual impairment: optometrist, spatial orientation and mobility specialist, visual impairment rehabilitation therapist.</p> <p>Psychological impairment: occupational therapist, nurse or social worker, all working in the field of psychological impairment.</p>
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Send in the completed application form, proof of age¹ and recent picture to the following address:

Centre de transport adapté
Société de transport de Montréal
3111, rue Jarry Est
Montréal, (Québec) H1Z 2C2

For your application, be sure to send in:

- ☐ Completed and **signed** application form
- ☐ Proof of age¹ (photocopy of your birth certificate or health insurance card)
- ☐ One (1) recent picture in passport size **identifying applicant on the back**

¹ Proof of age and recent picture are required for application to be processed.

**IMPORTANT: NO OTHER APPLICATION FORM CAN BE USED TO REQUEST
ADMISSION TO TRANSPORT ADAPTÉ**

To be filled out by the eligibility officer

File number	Year	Month	Day
Date of receipt of the application			

Part 1 – General Information

An application is to be completed by the applicant, by a person designated by the applicant or by the applicant's legal representative where the applicant is unable to act. **Any incomplete or illegible application will be returned to the applicant, which delays processing of an application.** The confidentiality of the information conveyed will be maintained under the Act respecting Access to documents held by public bodies and the Protection of personal information. The information on an application is for the sole use of the eligibility committee.

SECTION 1

PRINT (REQUIRED)

Information on the applicant

Family name										First name																													
Family name at birth (if different)																																							
No.					Street										Apt. no.																								
Home address																																							
Municipality															Postal code																								
Name of residential facility (if applicable)															Room no.																								
Telephone					Area code					Number					Area code					Number					Extension														
Home										Work																													
Cell					Area code					Number					Area code					Number					Fax														
Email address										I agree to receive information or offers from my paratransit provider										Yes <input type="checkbox"/>					No <input type="checkbox"/>														
Date of birth					Year					Month					Day					Gender					Weight					Height									
																				<input type="checkbox"/> Female					<input type="checkbox"/> Male														
Language spoken										<input type="checkbox"/> French										<input type="checkbox"/> English										Other means of communication									
										<input type="checkbox"/> Other, specify :										Specify :																			

SECTION 2

Questions relating to paratransit eligibility and to the type of accompaniment

1 Why are you making an application for paratransit eligibility?

2 Is there regular transit service in our municipality?

☐ No ☐ Yes ► If **yes**, are you able to use it?

☐ No ► State the reasons for that inability _____

☐ Yes

☐ Do not know

3 If you are declared eligible for paratransit will you need the help of someone on board the Vehicle (for example: for the repositioning) during your trip?

☐ No ☐ Yes ► If **yes**, what kind of assistance? _____

4 A. If you are declared eligible for paratransit, will you require the use of mobility aids during your transportation with paratransit?

☐ No ☐ Yes

B. Specify the aid (s) required.

☐ Walker ► ☐ folding ☐ non-folding

☐ Three-wheeled scooter or four-wheeled scooter

☐ Rolling walker

☐ Wheelchair ► ☐ motorized

☐ Cane ► Specify type: _____

☐ manual (rigid)

☐ manual (folding)

☐ Crutches _____

☐ Other ► Specify : _____

☐ Guide dog or assistance dog
(certified by a recognized school)

C. Specify the aid that you will most frequently use:

D. Do you require bottled oxygen during your transportation with paratransit?

☐ No ☐ Yes

5 Do you have dependent children under age 14?

☐ No ☐ Yes ► State the name and date of birth of each

Family name	First name	Date of birth			
		YearMonthDay			
_____	_____	<table><tr><td>_____</td><td>_____</td><td>_____</td></tr></table>	_____	_____	_____
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_____	_____	<table><tr><td>_____</td><td>_____</td><td>_____</td></tr></table>	_____	_____	_____
_____	_____	_____			

SECTION 3

References and signature

1 Is there a professional other than the one completing the attestation of disability (part 2 of the form) the eligibility committee could reach, if necessary, to facilitate the study of your application?

Family name										First name									
Position										Name of facility (if any)									
Telephone		Area code		Number		Extension		Prof. licence no. (if any)											

2 If the applicant is not the person completing this Part, give the name of the person who does so on his or her behalf.

Family name										First name									
Telephone		Area code		Number		Area code		Number		Extension									
Home						Work													
Cell		Area code		Number		Relationship to applicant													
Name of facility (if any)																			

3 Person to contact in case of emergency.

Family name										First name									
Telephone		Area code		Number		Area code		Number		Extension									
Home						Work													
Cell		Area code		Number		Relationship to applicant													
Name of facility (if applicable)																			

Applicant's authorization

I certify that the information provided is accurate. I understand that a false statement could lead to the rejection of my eligibility application or the withdrawal of my paratransit eligibility. I hereby consent to have the eligibility committee review all the information provided on this form and in any supporting documents. I also authorize the committee to contact any person indicated in Question 1 of this Section, and the persons completing Part 2 of the form or any other attestation submitted with the application, for the purpose of validating the information conveyed or for obtaining further information, as required. I understand that, if I am declared eligible, only the information necessary for my travel, my safety and my comfort will be disclosed to paratransit service providers.

Signature required

Applicant's signature

Signature of representative on behalf of
applicant unable to act

Date (YYYY-MM-DD)

You may append additional information in support of your eligibility or your paratransit needs.

Part 2 - Attestation of Disability (to be completed by a professional)

Please ensure that this part is properly filled out, otherwise processing of the application and access to paratransit service will be delayed.

1 A. What is the principal diagnosis on the applicant's record of a condition resulting in mobility limitations?

Since when? _____

Check off and specify, if appropriate, the medical classification of the diagnosis in terms of functional impairment (level, class, stage):

- ☐ Intellectual disability ► Level (mild, moderate, severe, profound) _____
- ☐ Respiratory deficiency ► Class _____ / V
- ☐ Cardiac deficiency (New York Heart Association) ► Class _____ / IV
- ☐ Parkinson's disease (Hoehn and Yahr Scale) ► Stage _____ / V
- ☐ Traumatic brain injury ► Level (mild, moderate, severe) _____
- ☐ Alzheimer's disease (Reisberg 's Scale or Global Deterioration Scale[DAT]) ► Stage _____ / 7
- ☐ Other ► Specify : _____

B. Indicate any other diagnosis related to the need for paratransit service.

2 Does the applicant's condition allow foreseeing a possible recovery?

- ☐ No ► Explain : _____
- ☐ Yes ► Indicate the timeframe and ☐ within a year _____
- ☐ longer than a year _____

3 Does the applicant have one the disabilities described below?

- ☐ No ► Go to Question 11..
- ☐ Yes ► Check off the applicant's limitations in one or more areas (eligibility criteria).
- ☐ 1. Walk 400 metres on even ground.
- ☐ 2. Climb a step 35 cm high with support or descend without support.
- ☐ 3. Make an entire trip using public transit because of extreme susceptibility to fatigue.
- ☐ 4. Keep track of time.
- ☐ 5. Find one's bearings.
- ☐ 6. Master situations of behavior that could compromise one's own safety or that of others.
- ☐ 7. Communicate orally or through sign language. N.B. : this limitation alone cannot qualify the applicant for paratransit eligibility.

4 When the disabilities indicated in question 3 become apparent (if there is more than one disability, please write down the corresponding numbers from Question 3 in the appropriate boxes)?

- ☐ Throughout the year ☐ Only in winter ☐ Only after dusk
- ☐ Only when the applicant faces certain geographic obstacles. ► Specify : _____
- ☐ Only when the applicant travels with a dependent child under age six.
- ☐ When the trip is unfamiliar, overly complex or involves a dangerous intersection.
- ☐ Only when the applicant travels for hemodialysis.
- ☐ In certain situations of intermittently. ► Specify : _____

5 Questions that are specific to certain impairments of disabilities: *answer only those that are relevant.*

A. Motor, neurological or internal organ impairment

Specify, where appropriate, the type of functional assessment conducted and the result:

Berg scale (balance) _____

Other ► Specify : _____

1) Ability to walk on even ground (specify)

A) Maximum distance (in metres) that the person can cover _____

B) Time required to cover the distance _____

C) Condition of the person after walking this distance _____

2) Ability to climb a step with support of descend without support (specify)

A) Height of step the person can climb with support _____

B) Height the person can descend from without support _____

C) Limitation observed : range, muscular weakness, pain, balance _____

3) Ability to take regular transit for a round trip

A) At any time ► Explain: _____

B) Intermittently ► Explain : _____

B. Visual deficiency (check off and specify)

Visual acuity:

Far-sight vision with prescription lens (in metrics) :

RE _____ LE _____ Both _____

Visual field:

Under 20° ► ☐ RE ☐ LE _____

Over 20° ► ☐ RE ☐ LE _____

C. Epilepsy

Indicate if the condition is under control with medication :

☐ No ► No medication succeeds in fully controlling seizures. Specify: _____

☐ Yes

☐ Partially under control ► Specify since when : _____

Give specifics on the nature of seizures (types and signs) and any side effects of medication (if applicable) :

Do particular situations provoke seizures? Yes ► Specify: _____

If the person has severe seizures (with unconsciousness or convulsions), state how many times weekly on average these seizures occur :

Explain how the person's safety is compromised during travel, if so : _____

D. Severe and persistent mental health problems (complete Section F also, if applicable)

Are the person's disabilities controlled with medication?

☐ No ► Specify: _____

☐ Yes

E. Cognitive disorders (complete Section F also, if applicable)

Specify if the person has cognitive problems (e.g., understanding, judgment, memory).

F. Behaviour problems

In a transportation situation, could the person exhibit a behaviour problem (impulsiveness, aggressiveness, self-mutilation, runaway risk, etc.) that could be detrimental to his or her own safety or to that of other passengers, of which the carrier should be informed if the person is declared eligible for paratransit?

☐ No

☐ Yes ► Indicate the nature of the problem and how it manifests itself: _____

► Indicate the kind of situation that could lead to a transit-related behaviour problem: _____

G. Communication problems

Can the person communicate?

☐ Verbally ☐ Using signs ☐ With major speech problems ☐ Using gestures

☐ No communication ► Specify : _____

☐ Other ► Specify : _____

6**A. Do the person's limitations require the use of the following mobility aids to facilitate travel on paratransit?**

☐ None ► Go to Question 7. ☐ Three-wheeled scooter of four-wheeled scooter

☐ Walker ► ☐ folding ☐ non-folding ☐ Wheelchair ► ☐ motorized

☐ Rolling walker ☐ manual (rigid)

☐ Cane ► Specify the type : _____ ☐ manual (folding)

☐ Crutches ☐ None ► Specify : _____

☐ Guide dog or assistance dog (certified by a recognized school)

B. Must the person use this aid?

☐ All the time ☐ Occasionally

Specify: _____

C. Can the person using a manual wheelchair performed a self-transfer to the seat of a vehicle?

☐ No, even with someone's assistance ☐ Yes, without help ☐ Yes, with someone's assistance

D. Does the person require bottle oxygen during paratransit travel?

☐ No ☐ Yes

7**If the applicant is declared eligible for paratransit, will the particular help of someone on board the vehicle be needed in light of the person's disabilities?**

☐ No

☐ No, not if certain measures are taken to alleviate behaviour problems during travel.

► Explain : _____

☐ Yes, temporarily during a period of familiarization of: _____

☐ Yes, all the time ► Reason: _____

8 Has the person been registered for a course in orientation and mobility, a learning or familiarization process (treatment or behaviour therapy), or to rehabilitation for the purpose of using regular public transit?

- ☐ No, because :
- ☐ The person does not have the potential ► Explain : _____
 - ☐ The person has the potential, but there is no regular public transit in the municipality.
 - ☐ Other ► Specify : _____
- ☐ Yes, supervised by : _____ Telephone : _____
- Name of facility : _____
- Start date: _____ Probable duration _____ End date : _____
- If this initiative proved fruitless, explain the reasons.
- _____
- _____

9 A. Could the person use regular public transit for some travel without accompaniment?

- ☐ No ► Reason : _____
- ☐ Yes, for all trips.
- ☐ Yes, except in certain situations. ► Specify : _____
- ☐ Yes, for certain particular trips. ► Specify the origin and destination of those trips :

Origin

Destination

B. Could the person use regular public transit when accompanied?

- ☐ No ► Explain : _____
- ☐ Yes

10 The information contained in this document concerning the diagnosis and assessment of disabilities comes from :

- ☐ An assessment of the applicant ► Specify the type of assessment, if appropriate _____
- ☐ The applicant's record : ☐ Diagnosis ► Specify the date: _____
- ☐ Assessment of disabilities ► Specify the date: _____
- ☐ Other ► Specify : _____

11 How long have you been treating or providing services to that person?

This form was filled out by :

Family name, first name: _____

Position : _____

Telephone : _____

Stamp or seal of the
professional or
facility

Prof. Licence (if any) : _____

Stamp or seal

I certify that the information provided on (indicate first and family name. Mr. _____ or
Ms. _____ is accurate. I understand that a false statement could lead to the rejection of the
Person's eligibility application or the withdrawal of paratransit eligibility.

Signature required

Date (AAAA-MM-DD)

You may append additional information you deem necessary in support of this attestation.

THE CONTENT OF THIS FORM IS PRESCRIBED BY THE MINISTÈRE DES TRANSPORTS DU QUÉBEC.