1. Eligibility criteria

A) Be a handicapped person, that is, “a person with a deficiency causing a significant and persistent disability, who is liable to encounter barriers in performing everyday activities.”

B) Have permanent mobility limitations that justify the use of adapted services.

Therefore, temporary limitations (example: broken leg) cannot be used to apply for an admission.

You can consult the Eligibility Policy 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 an applicant

Part 2 to be completed by a health care or educational professional in accordance with the nature of the applicant’s diagnosis. Refer to the chart below to help guide you.

<table>
<thead>
<tr>
<th>TYPES OF DIAGNOSES</th>
<th>TYPES OF DIAGNOSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motor or organic disability, for permanent wheelchair-users:</td>
<td>Intellectual impairment / A.S.D.: special needs professional, psycho-educator, psychologist or social worker.</td>
</tr>
<tr>
<td>occupational therapist, physiotherapist, physical rehabilitation therapist.</td>
<td>Visual impairment: optometrist, orientation and mobility specialist, visual impairment rehabilitation therapist.</td>
</tr>
<tr>
<td>Classification, level, be it cardiac, pulmonary, Parkinson, Alzheimer, TBI, and others:</td>
<td>Psychological impairment: occupational therapist, everyone working in the psychological impairment field.</td>
</tr>
<tr>
<td>medical specialist, occupational therapist, physiotherapist.</td>
<td>In all other cases: occupational therapist, physiotherapist, or physical rehabilitation therapist.</td>
</tr>
<tr>
<td>In all other cases: occupational therapist, physiotherapist, or physical rehabilitation therapist.</td>
<td></td>
</tr>
</tbody>
</table>

Send in the completed application form, proof of age\(^1\) and recent photo to the following address:

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

\(^1\) Proof of age and a recent photo are required in order to have the application processed.

**IMPORTANT:** NO OTHER APPLICATION FORM CAN BE USED TO REQUEST AN ADMISSION AT TRANSPORT ADAPTÉ
**Application for Paratransit Eligibility**

**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**

<table>
<thead>
<tr>
<th>Information on the applicant</th>
<th>PRINT (REQUIRED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family name</td>
<td>First name</td>
</tr>
<tr>
<td>Family name at birth (if different)</td>
<td></td>
</tr>
<tr>
<td>Home address</td>
<td>No. Street Apt. no.</td>
</tr>
<tr>
<td>Municipality</td>
<td>Postal code</td>
</tr>
<tr>
<td>Name of residential facility (if applicable)</td>
<td>Room no.</td>
</tr>
<tr>
<td>Telephone</td>
<td>Area code Number Area code Number Extension</td>
</tr>
<tr>
<td>Home</td>
<td></td>
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<tr>
<td>Area code Number</td>
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<tr>
<td>Work</td>
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<td>Area code Number</td>
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<td>Fax</td>
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<tr>
<td>Cell</td>
<td></td>
</tr>
<tr>
<td>Email address</td>
<td></td>
</tr>
<tr>
<td>Date of birth</td>
<td>Year Month Day Gender Weight Height</td>
</tr>
<tr>
<td>Language spoken</td>
<td>French English Female Male</td>
</tr>
<tr>
<td>Other, specify :</td>
<td>Other means of communication Specify :</td>
</tr>
</tbody>
</table>

**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
      □ Cane ► Specify type: ______________________
               ______________________
      □ Crutches
      □ Guide dog or assistance dog
         (certified by a recognized school)
      □ Other ► Specify: __________________________
               __________________________
   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
   __________________________  __________________________
   __________________________  __________________________
   __________________________  __________________________
   __________________________  __________________________
   __________________________  __________________________
   __________________________  __________________________
## 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?

<table>
<thead>
<tr>
<th>Family name</th>
<th>First name</th>
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<tr>
<th>Position</th>
<th>Name of facility (if any)</th>
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<tr>
<th>Telephone</th>
<th>Area code</th>
<th>Number</th>
<th>Extension</th>
<th>Prof. licence no. (if any)</th>
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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.

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<tr>
<th>Family name</th>
<th>First name</th>
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<table>
<thead>
<tr>
<th>Area code</th>
<th>Number</th>
<th>Relationship to applicant</th>
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<tbody>
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3. Person to contact in case of emergency.

<table>
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<tr>
<th>Family name</th>
<th>First name</th>
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</tbody>
</table>

### 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

<table>
<thead>
<tr>
<th>Applicant’s signature</th>
<th>Signature of representative on behalf of applicant unable to act</th>
<th>Date (YYYY-MM-DD)</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

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 :

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

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 form 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 :

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V-2851 (2011-02)
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)

<table>
<thead>
<tr>
<th>Visual acuity:</th>
<th>Visual field:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Far-sight vision with prescription lens (in metrics):</td>
<td>Under 20° ▶</td>
</tr>
<tr>
<td>RE __________</td>
<td>LE __________</td>
</tr>
</tbody>
</table>

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 :

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

☐ None ► Go to Question 7.
☐ Walker ► ☐ folding ☐ non-folding
☐ Rolling walker
☐ Cane ► Specify the type :
☐ Crutches
☐ Guide dog or assistance dog (certified by a recognized school)

☐ Three-wheeled scooter of four-wheeled scooter
☐ Wheelchair ► ☐ motorized
☐ manual (rigid)
☐ manual (folding)

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:

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V-2851 (2011-02)
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: ___________________________ Probable duration ___________________________ End date: ___________________________

If this initiative proved fruitless, explain the reasons.

- [ ] The person has the potential, but there is no regular public transit in the municipality.
- [ ] Other ★ Specify:

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: ___________________________  Stamp or seal of the professional or facility

Position: ___________________________  Prof. Licence (if any): ___________________________

Telephone: ___________________________  Prof. Licence (if any): ___________________________

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.