

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 mobility limitations that justify the use of paratransit services.**

Accordingly, a temporary limitation (for example, a broken leg) cannot qualify a person for paratransit eligibility.

You can access the *Paratransit Eligibility Policy* on the website of the ministère des Transports at www.mtq.gouv.qc.ca under the heading “Persons with disabilities”.

2 Steps

- A. Part 1: to be filled out by the applicant.**
- B. Part 2: to be completed by a professional of the health care or education networks who has access to the diagnosis of the applicant’s condition.**

Examples: a cardiologist, a lung specialist or a neurologist;
an occupational therapist, a physical therapist or a physiatrist;
a physical rehabilitation therapist;
an optometrist or an ophthalmologist;
a visual impairment rehabilitation specialist;
a spatial orientation and mobility specialist;
a psychologist, a psychoeducator or a psychiatrist;
a special education technician;
a social worker;
a general practitioner (family medicine);
a nurse.

- C. Send your completed application along with a recent photograph and proof of your age(1) (photocopy of your birth certificate, passport, health insurance card or driver’s licence) to the following address:**

***MRC Les Moulins – Transport Adapté
148 rue St-André
Terrebonne, Qc J6W 3C3***

1. Proof of age is required in the case of accompaniment services for parental duties, free services for young children and reduced rates for students and persons aged 65 and over.

**NO OTHER FORM MAY BE USED TO MAKE A VALID APPLICATION FOR
PARATRANSIT ELIGIBILITY.**

To be filled out by the eligibility officer

File number			
Date of receipt of the application	Year	Month	Day

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)																						
Home address					No.					Street					Apt. no.							
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																						
Date of birth				Year			Month			Day			Gender				Weight				Height	
													<input type="checkbox"/> Female <input type="checkbox"/> Male									
Language spoken										Other means of communication												
<input type="checkbox"/> French <input type="checkbox"/> English <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 your 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 (example: for 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 trip on 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 the 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 trip on 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		
		Year	Month	Day
_____	_____			
_____	_____			
_____	_____			

SECTION 3

References and signature

1 Is there a professional <u>other than the one completing the attestation of disability</u> (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 any)									

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.

Partie 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) ► stade _____ / V
- Traumatic brain injury ► level (mild, moderate, severe) _____
- Alzheimer's disease (Reisberg's Scale or Global Deterioration Scale [DAT]) ► stade _____ / 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 explain: within a year _____
 longer than a year _____

3 Does the applicant have one of 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 a even ground.
 - 2. Climb a step 35 cm high with a 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 or behaviour 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 or intermittently ► Specify: _____

5 Questions that are specific to certain impairments or 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 or 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 eyes _____

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 or four-wheeled scooter
 Walker ► folding non-folding Wheelchair ► motorized
 Rolling walker manual (rigid)
 Cane ► Specify the type: _____ manual (folding)
 Crutches Other ► 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 perform 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 bottled 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: _____ Stamp or seal of the professional or facility \ /

Position: _____

Telephone: _____ Prof. licence no. (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 (YYYY-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.