Application #:	Approved:	Denied:	Date:	Initials:

For Internal Use Only

Fort Erie Accessible Specialized Transit – F.A.S.T. Application

Town of Fort Erie
Infrastructure Services
1 Municipal Centre Drive
Fort Erie, ON L2A 2S6

Attn. Transit Program Supervisor

Please complete and return this form:
In person, by mail, by fax to 905-871-6411
or email at fastapps@forterie.ca
For more information, call **1-833-933-3278**
or 905-871-1600 Ext. 2401

Eligibility Guidelines

The Fort Erie Accessible Specialized Transit (F.A.S.T.) provides curb-to-curb transportation intended for persons with a disability and/or persons who would be unable to board a conventional transit vehicle, or walk a distance of 175 metres (approximately 600 feet).

The service is only available to those travelling within the municipality of the Town of Fort Erie. The service is provided to registered clients of F.A.S.T. for medical appointments, educational and/or employment related trips as well as social/ recreational trips.

Personal information **(please fill in all boxes. Application could be rejected for missing information):**

(Circle one)	Mr. Mrs. Miss Ms.	**Gender:**	Male Female Undisclosed
Last name:			
First name:			
Address:			
City:		**Prov:**	**Postal Code:**
Day time phone:		**Evening phone:**	
Name of Residence/Home (if applicable):		**Date of birth: (dd/mm/yyyy)**	

Mailing address if different than pick up address:

Last name:		**First name:**			
Address:					
City:		**Prov:**		**Postal Code:**	

Preferred method of contact for service delay in excess of 30 minutes:

Phone or email: _____

In case of emergency, please notify:

(Circle one)	Mr. Mrs. Miss Ms.		
Last name:			
First name:			
Address:			
Day time phone:		**Evening phone:**	

If you are currently using any other specialized transit service, please name them.

_____

Authorization

I hereby authorize the Town of Fort Erie to use this application to assess my eligibility. This application will be reviewed by members of this organization as well as the Eligibility Committee for the purposes of determining my eligibility for the specialized transit service. I also authorize the signing medical/health care professional to release any information to the Town of Fort Erie for purposes of determining eligibility. I also understand that this information may be released to The BTS Network Inc., the service deliverer, and that my continued eligibility may be assessed from time to time. I also agree that I will abide by all of the Rules and Operating Procedures of the F.A.S.T. service. I understand that my information may be shared with other Municipalities/Region for the purposes of data collection and analysis.

*Applicants Signature: _____ Date:_____
Or Power of Attorney (dd/mm/yyyy)

The personal information that is collected by the Town of Fort Erie is collected under the authority of the *Municipal Act, 2001*, S.O. 2001, c.25 as amended, and is used solely for the administration of the specialized transit service. This information is held in strict confidence. You have the right to access this information or ask questions about it by contacting The BTS Network Inc., 1-877-284-RIDE (7433).

**Applications will not be processed without the signature of the applicant, guardian or POA.*

Note: Applications will be processed within 14 calendar days. Applicants will be notified by mail whether the application has been approved or denied.

Medical/Health Practitioner Professional Information:

Name (Please print):	
License/Certification #	
Address:	
Telephone:	
Fax #:	
Email:	

☐	Licensed Physician	☐	Licensed Chiropractor
☐	Licensed Physical Therapist	☐	Certified Rehabilitation Specialist
☐	Registered Nurse (or RPN)	☐	Certified Psychologist/Psychiatrist
☐	Registered Occupational Therapist	☐	Licensed Optometrist/Ophthalmologist
☐	Other (Specify):		

Disability Information (must be completed):	**Yes**	**No**
Would the applicant be physically able to board a conventional transit bus?	☐	☐
Is the applicant able to walk a distance of 175 metres?	☐	☐
Is the applicant at risk of falling due to vertigo?	☐	☐
Does the applicant require a support person to ride on board a bus/ van? (i.e. they are not able to self-direct their own care or are unable to be left unattended while on board the vehicle)	☐	☐

Check the items that the applicant may have with them when they board a vehicle:

☐	Manual wheelchair	☐	Hearing aid
☐	Powered wheelchair	☐	Communication board
☐	Powered scooter	☐	Oxygen bottle
☐	Walker	☐	Service animal
☐	Prosthesis	☐	Crutches
☐	Cane	☐	White cane
☐	Other Aids (specify):		

Eligibility Duration:	Check One:	End Date (if needed) / Notes:
Unconditional eligibility: (a person whose functional mobility prevents them from using conventional transit)	☐	
Temporary eligibility: (a person whose temporary functional mobility prevents them from using conventional transit)	☐	
Conditional eligibility: (a person whose functional mobility due to environmental or physical barriers limit their ability to consistently use conventional transit i.e. seasonal)	☐	

What are the condition(s) causing the impact to the functional mobility of the applicant? Are there other factors limiting the applicants functional mobility? Please Explain.

_____

_____

_____

_____

Medical/Health Practitioner Signature: **Date:**

_____ _____

(dd/mm/yyyy)