

Office Use Only

Surname: _____

Given Name: _____

Date received: _____

Comments: _____

Review Date: _____

Expiry Date: _____



FORT SASKATCHEWAN SPECIAL TRANSPORTATION SERVICES SOCIETY HANDIVAN APPLICATION FORM

GENERAL DESCRIPTION

The Fort Saskatchewan STSS Handivan Service is designed to meet the needs of persons unable to access regular transit because of a physical disability. It is available to citizens of Fort Saskatchewan who use wheelchairs or walkers to assist them with their day-to-day living and mobility needs. All Handivan users must register for this program, regardless of age.

APPLICATION INSTRUCTIONS

Applicants must fully complete Part A of the application form in order to be considered for the service. Part B of the form is to be completed by your medical doctor, physiotherapist or occupational therapist.

RETURN COMPLETED APPLICATION TO:

SPECIAL TRANSPORTATION SERVICES SOCIETY
BOX 3326 FORT SASKATCHEWAN, ALBERTA T8L 2T3

or

fortsaskstss@gmail.com

**ONLY APPLICATIONS WITH PART A AND B FULLY COMPLETED AND SIGNED WILL BE
CONSIDERED FOR APPROVAL BY THE STSS SCREENING COMMITTEE**

PART A: GENERAL INFORMATION

PLEASE COMPLETE **ALL** SECTIONS OF "PART A" AND VERIFY WITH A SIGNATURE.

Surname: _____ First Name: _____

Address: _____ Postal Code: _____

Date of Birth: _____

Residence Telephone: _____ Business Telephone: _____

Check all special equipment used:

Manual Wheelchair

Electric Wheelchair

Electric Scooter

Reclining Wheelchair or extended foot rests

Cane / Crutches / Walker

Special equipment

None of the above

Other (oxygen etc.)

If you are confined to a wheelchair, can you independently transfer from your chair to a regular vehicle seat with ease? Yes No

Emergency contact on a 24 hour basis:

Name: _____

Phone Number: _____

Applicant or guardian signature:

PART B: NEEDS ASSESSMENT OF THE PHYSICALLY DISABLED APPLICANT

The Fort Saskatchewan Handivan is available to physically disabled individuals who, because of permanent or temporary physical impairment, are unable to access regular transport.

Part B of this application must be completed and signed by a medical doctor, physiotherapist or occupational therapist.

PLEASE BE CLEAR AS TO THE APPLICANT'S ABILITY/INABILITY TO USE A PASSENGER VEHICLE/TAXI

1. What is the nature of the applicant's permanent or temporary disability? (eg. Multiple Sclerosis, hip replacement, etc.)

2. **All applicants** must travel with an ATTENDANT.

Please note: The Handivan Drivers must concentrate on the safe operation of the vehicle and cannot provide supervision to those who require constant or frequent attention because of medical or behavioral reasons. Is there a family member, volunteer, care centre staff that can assist the applicant?

Name: _____ Telephone number: _____

3. Needs assessment authorization: I have assessed this applicant and based on my professional knowledge and opinion, I the undersigned, recommend this individual as eligible to use the services of the Fort Saskatchewan Handivan, due to a permanent/temporary disability.

SIGNATURE:

DATE: _____

PLEASE PRINT NAME AND TITLE: _____

Part B of this application must be completed and signed by a medical doctor, physiotherapist or occupational therapist.