Instructions

Introduction
The Region of Peel has several modes of transportation available to the public, including both conventional and specialized transit services. These include the City of Mississauga’s conventional bus service (MiWay), the City of Brampton’s conventional bus service (Brampton Transit), and the Region of Peel’s specialized transportation services (TransHelp).

TransHelp provides a safe and reliable transportation option for persons with disabilities to travel with freedom and dignity. Applicants may be eligible for TransHelp service if their disability presents a barrier for using any of the conventional transit options for all or part of their trip. Disabilities may be permanent and/or temporary and are those identified in the Ontario Human Rights Code including, but not limited to physical, sensory, cognitive and mental health disabilities.

Categories of Eligibility
TransHelp offers three categories of eligibility consistent with the Integrated Accessibility Standards Regulation (IASR O. Reg. 191/11) and the Accessibility for Ontarians with Disabilities Act (AODA) 2005.

- **Unconditional** – A person with a disability that prevents them from using conventional transit.

- **Conditional** – A person with a disability where environmental or physical barriers limit their ability to consistently use conventional transit. An applicant who qualifies for conditional service may be able to use conventional transit for all or part of their trip, but may also qualify for specialized transit under specific circumstances (e.g., weather, travel to a non-accessible location).

- **Temporary** – A person with a temporary disability that prevents them from using conventional transit. An applicant who qualifies for temporary service requires specialized transit for a defined period of time.
Helpful Definitions:

- **Conventional transportation services** (conventional transit) means fixed route service on buses (including community buses), streetcars and subways (including light rail/rapid transit). All of the conventional transit services in Peel are currently accessible.

- **Specialized transportation services** (specialized transit) means pre-arranged door-to-door service, and/or service to and from conventional transit for registered users.

- **Family of services** means combined conventional transit and specialized transit for people with disabilities.

How to Apply for TransHelp Service

As an alternate to filling out this paper form, the TransHelp Eligibility Application can also be filled out online at www.peelregion.ca/transhelp. Further accessible formats are available upon request.

Persons who believe they qualify for and are interested in becoming TransHelp passengers should complete and sign the application. To ensure a fast and seamless application process, be sure to complete the application in full. Incomplete forms may be returned to the applicant for completion.

The Application

**Section A** contains questions about your everyday mobility and ability to use conventional transit and is completed by you/your representative. **Section A** also requests that you certify the information you/your representative have provided to TransHelp is correct.

**Section B** is your consent to have your health care professional(s) contacted for additional information or clarification if requested.

**Section C** is completed by your health care professional(s) and requests your health care professional(s) to certify that the information they have provided to TransHelp is correct. If you require more than one health care professional to complete the form, make copies of **Sections B and C**.
In-person functional assessments:

TransHelp is committed to providing a fair and objective eligibility process for all our applicants. To ensure we correctly match our transit services to your abilities, you may be requested to attend a functional assessment to learn more about your abilities in performing activities related to travelling on transit. Your category of eligibility will be based on the information provided in your application and the results of a functional assessment (if required).

Appeal Process

TransHelp is obligated to assess all applicants and determine the correct category of eligibility based on individual abilities. We strive to provide a fair and objective eligibility process resulting in the best level of service for you. However, should you disagree with the eligibility decision; you may wish to request an independent appeal to have the decision reviewed.

Additional information on the appeal process, as well as required forms, can be found on The Region of Peel’s website at www.peelregion.ca/transhelp or by calling TransHelp Customer Service 905-791-1015.

Applicant’s Responsibilities

- Fully complete Sections A and B of application
- Have your health care professional(s) complete Sections C
- Photocopy the entire application for your records
- Cover any costs incurred for completing this application or for obtaining additional information

TransHelp’s Responsibilities

- Ensure each application received has been completed in full. A TransHelp representative may contact the applicant if any information is missing
- Always balance the abilities of the passenger with the types of transit services available
- Objectively review each application and notify applicant in writing of decision
- Contact the applicant if submission of application results in a request for an assessment
- Provide the opportunity to an independent appeal process should the applicant disagree with the eligibility decision
TransHelp Service
Eligibility Application Form

For questions contact us at TransHelp@peelregion.ca or 905-791-1015

Once your application is completed and signed, return it to TransHelp. Choose one of the following options:

- Mail: c/o TransHelp Applications, 2 Copper Road, Brampton, ON, L6T 4W5
- Fax to: 905-277-5864
- Drop-off at one of the following locations:
  - TransHelp Office, 2 Copper Road, Brampton
  - Service Peel, 10 Peel Centre Drive, Suite B, Brampton
  - Service Peel, 7120 Hurontario St., Mississauga
  - Service Peel, 9 Wellington St., Brampton

Notice with Respect to the Collection of Personal Information
(Municipal Freedom of Information and Protection of Privacy Act)

Personal information on this form is collected under the authority of the Municipal Act, 2001, S.O. 2001, c. 25 and will be used to create a profile to access and apply for Region of Peel programs or services online, verify ongoing eligibility and provide ongoing TransHelp supports.

Questions about this collection may be directed to:

The Supervisor, Client & Administrative Services - TransHelp, 2 Copper Road, Brampton, ON, L6T 4W5, phone 905-791-1015, or email transhelp@peelregion.ca.
Section A: Applicant Information

Have you ever used TransHelp in the past? ☐ Yes ☐ No
If you remember your TransHelp Client ID, enter it here.
________________________________________

Personal/Contact Information

Surname (last name) First name(s)

Date of birth (YYYY/MM/DD)

Home Address

Street Apartment/Unit

City or town Province Postal code

Phone (preferred number) (alternate number)

TTY/TDD number (for people who are deaf, deafened or hard of hearing)

Email address

Mailing Address (If different than the home address)

Street

Apartment/Unit

City or town Province Postal code
TransHelp Service
Eligibility Application Form

Section A: Applicant Information

Authorize a Representative

If you require another person (such as your spouse/partner, other family member, friend, etc.) to act as your representative for matters relating to this application and/or services provided by the Region of Peel/TransHelp, please complete the following information.

<table>
<thead>
<tr>
<th>Name of representative</th>
<th>Relationship to applicant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone Number</td>
<td>Secondary Phone Number (optional)</td>
</tr>
</tbody>
</table>

Email (optional)

I authorize this person to act on my behalf for all matters related to this application and services provided by TransHelp

| Signature of Applicant | Date |

Emergency Contact Information

TransHelp has a duty to ensure the safety of all of our passengers. In an emergency, if your health or wellbeing is at risk, we would contact your emergency contacts. Please provide us with up to two emergency contacts.

<table>
<thead>
<tr>
<th>Name (first contact)</th>
<th>Name (second contact)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship to applicant</td>
<td>Relationship to applicant</td>
</tr>
<tr>
<td>Phone Number (s)</td>
<td>Phone Number (s)</td>
</tr>
</tbody>
</table>
Questions

1. Do you currently use any of the following? (check all that apply):

- [ ] Conventional buses
- [ ] Subways
- [ ] Streetcars
- [ ] GO or VIA trains
- [ ] Caledon Community Services
- [ ] Red Cross Transportation Services
- [ ] Taxi Scrip
- [ ] TransHelp
- [ ] Other (Specify): __________________________________________

2. Which barriers or conditions affect your ability to travel on conventional transit? (check all that apply)

<table>
<thead>
<tr>
<th>Disability Condition(s)</th>
<th>Always affects my ability</th>
<th>Sometimes affects my ability</th>
<th>Explain how and why this disability condition affects your ability to travel on conventional transit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td>[ ]</td>
<td>[ ]</td>
<td></td>
</tr>
<tr>
<td>Visual</td>
<td>[ ]</td>
<td>[ ]</td>
<td></td>
</tr>
<tr>
<td>Sensory</td>
<td>[ ]</td>
<td>[ ]</td>
<td></td>
</tr>
<tr>
<td>Cognitive</td>
<td>[ ]</td>
<td>[ ]</td>
<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td>[ ]</td>
<td>[ ]</td>
<td></td>
</tr>
</tbody>
</table>
TransHelp Service
Eligibility Application Form

3. Do seasonal conditions affect your ability to use conventional transit? (check all that apply)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
<th>If Yes, how do these seasonal conditions affect you?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extreme cold</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>During moderate ice &amp; snow</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Extreme heat</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

4. Are you receiving life-sustaining treatment which may impact your transportation?

☐ None
☐ Dialysis
☐ Other
If other, please describe:

________________________________________________________________________
________________________________________________________________________

5. Are you a valid and registered cardholder with the Canadian National Institute for the Blind (CNIB)?

☐ Yes
☐ No

6. Have you taken any travel training through an agency (e.g. CNIB) to ride conventional public transit?

☐ Yes
☐ No
TransHelp Service
Eligibility Application Form

7. Do you attend an Adult Day Program?

☐ Yes
☐ No

If Yes, please provide the following:

Name of the Facility ______________________________________

Street address of the Facility _________________________________

How many days of the week do you attend this program? __________

8. Do you require a support person when travelling on TransHelp or conventional transit? TransHelp does not provide a support person.

<table>
<thead>
<tr>
<th></th>
<th>Always</th>
<th>Never</th>
<th>Sometimes</th>
<th>If always or sometimes, explain why</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conventional Transit</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>TransHelp*</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

* Note: A support person can assist with communication, mobility, personal care or medical needs or with access to goods, services or facilities. The support person should be capable of meeting the applicant’s care needs during travel. If the applicant requires a support person when travelling on conventional transit or TransHelp, they must provide their own.
TransHelp Service
Eligibility Application Form

Section A: Applicant Information

9. Which of the following devices do you currently use? (check all that apply)
   - [ ] Brace
   - [ ] Communication device
   - [ ] Crutch
   - [ ] Oxygen tank
   - [ ] Scooter:
     - Dimensions (in inches or centimeters, if known):
       - Width ___________ Length ________________
     - Combined weight with applicant:
       - [ ] Less than 800 lbs/318 kg
       - [ ] More than 800 lbs/318 kg
   - [ ] Walker or Rollator (specify type):
     - [ ] Foldable
     - [ ] Non-Foldable
   - [ ] Wheelchair
     - Type:
       - [ ] Motorized
       - [ ] Manual (non-foldable)
       - [ ] Manual (foldable)
     - Dimensions (in inches or centimeters, if known):
       - Width ___________ Length ________________
     - Combined weight with applicant:
       - [ ] Less than 800 lbs/318 kg
       - [ ] More than 800 lbs/318 kg
   - [ ] White cane
   - [ ] Other: _____________________________
   - [ ] I don’t use any of these devices

Note: The maximum base dimensions for devices cannot exceed 76 x 127 cm (30 x 50 inches). The maximum combined weight with applicant cannot exceed 800 lbs. All devices must be kept clean and in good repair as TransHelp may not be able to provide service if the device cannot be properly secured.

10. Do you currently use a service animal?
    - [ ] Yes
    - [ ] No
TransHelp Service
Eligibility Application Form

Section A: Applicant Information

11. Can you travel a city block (175 metres/575 feet) on your own or using an assistive device?
   ☐ Always ☐ Never ☐ Sometimes

12. Are you able to access the transit stop or station nearest to your home?
   ☐ Always ☐ Never ☐ Sometimes

13. Can you wait at a transit stop or station for a bus?
    ☐ Always ☐ Never ☐ Sometimes

14. Can you recognize and understand destination and route number signs and audio announcements on transit stops, transit vehicles and in stations?
    ☐ Always ☐ Never ☐ Sometimes

15. Can you recognize and understand when and where to board and when to exit transit vehicles?
    ☐ Always ☐ Never ☐ Sometimes

16. Can you present a fare, take a transfer, tap a pass and show proof-of-payment (POP) upon request?
    ☐ Always ☐ Never ☐ Sometimes

17. Can you transfer between transit vehicles and modes (e.g., bus to bus, bus to station, station to bus)?
    ☐ Always ☐ Never ☐ Sometimes
Section A: Applicant Information

For any of the situations that you checked “sometimes” or “never” for any of the questions from 11 to 17, explain how they affect your ability to travel on conventional transit. Depending on your accessibility barriers, you may need to use conventional transit for a portion of your trips.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

18. Provide any additional information about your eligibility for TransHelp (optional).

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Section A: Applicant Information

I certify that the information provided in the application is true and correct. I understand that providing false, incorrect or misleading information could lead to discontinuation of TransHelp service. I shall advise TransHelp of any changes to my disability, assistive device, personal information, or if I no longer require TransHelp service.

_________________________
Applicant’s or representative’s signature

Date: ______________________

Consent for Email Communication

TransHelp staff may be required to share your personal information via email with consultants or advisors for the purpose of assessing your eligibility for TransHelp.

TransHelp staff may contact you via email to discuss your application. If you prefer not to use email, you can ask to be contacted by phone instead. In some cases, TransHelp staff may refuse to transmit certain information over email, and will contact you by phone or mail instead.

Upon your request, TransHelp staff may also share your application information via email with specialized transit services in neighbouring municipalities to assist with your travel beyond the borders of the Region of Peel. Your information will only be shared with other municipalities upon your request.

[ ] I acknowledge that sending personal information via email is not guaranteed to be secure. I fully accept the risks and responsibilities with this and I waive all responsibility against the staff at TransHelp (Region of Peel) involved with the disclosure of my personal information via email.
Section B: Authorization to Release Personal Health Information

I hereby authorize the following health care professional to complete Section C. I also recognize and authorize TransHelp and its authorized agents/representatives to contact or otherwise communicate with my health care professional and to receive additional information, including my personal health information, if additional information, documentation or clarification is required to process my application. Finally, I recognize that this information, including my personal health information, will be reviewed by TransHelp and its authorized agents/representatives for the purposes of determining TransHelp eligibility or service delivery options for TransHelp.

__________________________________________________________________________  _______________________________________________________________________
Name of applicant (please print)  Applicant’s or representative’s signature

Date: ________________________

Name of health care professional who may release additional information, documentation or clarification including my personal health information:

Name (please print): ____________________________________________________________

Profession: __________________________________________________________________

Address: _____________________________________________________________________

City: ___________________________  Province: _____________________________

Postal Code: ____________________________

Phone: ______________________________________________________________________

Date: _________________________
Section C: Health Care Professional Information

The applicant is applying for TransHelp service. TransHelp is a shared ride public transit service for persons with disabilities who are unable to use conventional public transit for all or part of their trip. The information you provide will allow TransHelp to evaluate the applicant’s eligibility for TransHelp service.

The applicant or their representative has completed Section A. Please read Section A in its entirety before completing and signing Section C.

If you require clarification, please contact TransHelp at 905-791-1015 ext. 6029

The applicant has authorized TransHelp to contact/communicate with you if additional information, including personal health information, documentation and/or clarification is required to process this application.

Name of applicant: _______________________________________________________
How long has the applicant been under your care? ___________________________

1. Which, if any, of the following disability(ies) does the applicant have? Check all that apply. For temporary disabilities, specify duration in months.

<table>
<thead>
<tr>
<th>Disability</th>
<th>Permanent</th>
<th>Temporary (Duration)</th>
<th>Episodic / Sporadic</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td></td>
<td>□</td>
<td>□</td>
<td>☐</td>
</tr>
<tr>
<td>Specify: ___________</td>
<td></td>
<td>□</td>
<td>□ _____ months</td>
<td>☐</td>
</tr>
<tr>
<td>Visual</td>
<td></td>
<td>□</td>
<td>□</td>
<td>☐</td>
</tr>
<tr>
<td>Specify: ___________</td>
<td></td>
<td>□</td>
<td>□ _____ months</td>
<td>☐</td>
</tr>
<tr>
<td>Sensory</td>
<td></td>
<td>□</td>
<td>□</td>
<td>☐</td>
</tr>
<tr>
<td>Specify: ___________</td>
<td></td>
<td>□</td>
<td>□ _____ months</td>
<td>☐</td>
</tr>
<tr>
<td>Cognitive</td>
<td></td>
<td>□</td>
<td>□</td>
<td>☐</td>
</tr>
<tr>
<td>Specify: ___________</td>
<td></td>
<td>□</td>
<td>□ _____ months</td>
<td>☐</td>
</tr>
<tr>
<td>Mental Health</td>
<td></td>
<td>□</td>
<td>□</td>
<td>☐</td>
</tr>
<tr>
<td>Specify: ___________</td>
<td></td>
<td>□</td>
<td>□ _____ months</td>
<td>☐</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>□</td>
<td>□</td>
<td>☐</td>
</tr>
<tr>
<td>Specify: ___________</td>
<td></td>
<td>□</td>
<td>□ _____ months</td>
<td>☐</td>
</tr>
</tbody>
</table>
2. Identify and explain the impact of the applicant’s disability(ies) (i.e., mild, moderate, severe) on their ability to travel independently in the community.

<table>
<thead>
<tr>
<th>Impact</th>
<th>Explain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild</td>
<td></td>
</tr>
<tr>
<td>Moderate</td>
<td></td>
</tr>
<tr>
<td>Severe</td>
<td></td>
</tr>
<tr>
<td>No Impact</td>
<td></td>
</tr>
</tbody>
</table>

3. Has the applicant completed any functional assessments, tests, and/or evaluations (e.g., TUG, MOCA) of their disability(ies) in the last 24 months that measure their ability to navigate independently in the community?
   ☐ Yes  ☐ No  ☐ Not Applicable
   If yes, provide details below.

<table>
<thead>
<tr>
<th>Date</th>
<th>Name of Test / Evaluation</th>
<th>Purpose of Test</th>
<th>Results &amp; Impact (Mild, Moderate, Severe)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
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<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Is there anything else we should know about the applicant’s disability(ies)?

_________________________________________________________

_________________________________________________________

4. Is the applicant currently using any prescribed assistive device(s)?
   ☐ Always  ☐ Never  ☐ Sometimes
   If always or sometimes, specify device(s) and conditions:

   _______________________________________________________

   _______________________________________________________

5. Will the applicant’s disability prevent them from riding in a sedan-like vehicle?
   ☐ Yes  ☐ No
6. Does the applicant need a support person to travel on conventional transit or TransHelp? **TransHelp does not provide a support person.**

<table>
<thead>
<tr>
<th></th>
<th>Always</th>
<th>Never</th>
<th>Sometimes</th>
<th>If always or sometimes, explain why</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conventional Transit</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>TransHelp*</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

**Note:** A support person can assist with communication, mobility, personal care or medical needs or with access to goods, services or facilities. The support person should be capable of meeting the applicant’s care needs during travel. If the applicant requires a support person when travelling on conventional transit or TransHelp, they must provide their own.

7. TransHelp is a shared ride service. This means that during a ride, TransHelp passengers travel with TransHelp operators and other TransHelp passengers. TransHelp vehicles stop at different locations and the operators must exit the vehicle to pick-up/escort passengers. For these reasons, please indicate if the applicant is likely to engage in any of the following behaviour(s)?

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Sometimes</th>
<th>Provide Details (if sometimes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exiting vehicle and wandering</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Causing harm to themselves</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Causing harm to others</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>Making a verbal or physical threat of violence or harm</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>
Section C: Health Care Professional Certification

I certify that the information that I have provided in **Section C** of this application is accurate and current.

<table>
<thead>
<tr>
<th>Surname (last name)</th>
<th>Given name(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street address</th>
<th>Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City or town</th>
<th>Province</th>
<th>Postal code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone</th>
<th>Occupation and Professional Registration Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Date (year/month/day)</th>
<th>Signature</th>
</tr>
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<tbody>
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</tbody>
</table>

Stamp of Registered Health Care Professional