

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.

TransHelp Service Eligibility Application Form

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**.

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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 Peel Region'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, 3190 Mavis Road, Mississauga, ON, L5C 1T9
- Fax to: 905-277-5864
- Drop-off at one of the following locations:
 - TransHelp Office, 3190 Mavis Road, Mississauga (drop box only)
 - 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 Peel programs or services online, verify ongoing eligibility and provide ongoing TransHelp supports.

Questions about this collection may be directed to:

The TransHelp Supervisor, Client & Administrative Services
phone 905-791-1015, or email transhelp@peelregion.ca.

**TransHelp Service
Eligibility Application Form**

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.

Name of representative	Relationship to applicant
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Phone Number	Secondary Phone Number (optional)
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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
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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.

Name (first contact)	Name (second contact)
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Relationship to applicant	Relationship to applicant
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Phone Number (s)	Phone Number (s)
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Section A: Applicant Information

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 Voucher
- TransHelp
- Other (Specify): _____

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

Disability Condition(s)	Always affects my ability	Sometimes affects my ability	Explain how and why this disability condition affects your ability to travel on conventional transit
Physical	<input type="checkbox"/>	<input type="checkbox"/>	
Visual	<input type="checkbox"/>	<input type="checkbox"/>	
Sensory	<input type="checkbox"/>	<input type="checkbox"/>	
Cognitive	<input type="checkbox"/>	<input type="checkbox"/>	
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	

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

	Yes	No	If Yes, how do these seasonal conditions affect you?
Extreme cold	<input type="checkbox"/>	<input type="checkbox"/>	
During moderate ice & snow	<input type="checkbox"/>	<input type="checkbox"/>	
Extreme heat	<input type="checkbox"/>	<input type="checkbox"/>	

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

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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.**

	Always	Never	Sometimes	If always or sometimes, explain why
Conventional Transit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TransHelp*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*** 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):
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):
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: To ensure safe and reliable service, all mobility aids must meet TransHelp's size and weight requirements. Devices cannot exceed 86 x 132 cm (34 x 52 inches), and the combined weight of the device and applicant must be under 800 lbs. Mobility aids must be clean, well-maintained, and able to be properly secured. All new applicants, as well as existing passengers using a new mobility aid, are required to have their device inspected by a TransHelp Inspector to confirm proper fit, securement, and comfort. Oversized devices may require additional inspection, and in some cases, alternative solutions may be necessary. Our goal is to support your mobility needs with safety, inclusivity, and excellent service.

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Section A: Applicant Information

10. Do you currently use a service animal?

- Yes
- No

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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

**TransHelp Service
Eligibility Application Form**

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).

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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 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 (Peel Region) involved with the disclosure of my personal information via email.

TransHelp Service Eligibility Application Form

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

This section is to be completed by a regulated/licensed health care professional (Physician, Nurse Practitioner, Psychiatrist, Physiotherapist, Optometrist, Audiologist, Psychologist, Chiropractor, Occupational Therapist, or Speech Language Pathologist) or regulated/licensed MSW, BSW, RSW or RSSW according to the nature of the applicant’s disability(ies).

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.

Disability	Permanent	Temporary (Duration)	Episodic / Sporadic	Frequency
Physical Specify: _____	<input type="checkbox"/>	<input type="checkbox"/> _____ months	<input type="checkbox"/>	
Visual Specify: _____	<input type="checkbox"/>	<input type="checkbox"/> _____ months	<input type="checkbox"/>	
Sensory Specify: _____	<input type="checkbox"/>	<input type="checkbox"/> _____ months	<input type="checkbox"/>	
Cognitive Specify: _____	<input type="checkbox"/>	<input type="checkbox"/> _____ months	<input type="checkbox"/>	
Mental Health Specify: _____	<input type="checkbox"/>	<input type="checkbox"/> _____ months	<input type="checkbox"/>	
Other Specify: _____	<input type="checkbox"/>	<input type="checkbox"/> _____ months	<input type="checkbox"/>	

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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.

Impact		Explain
Mild	<input type="checkbox"/>	
Moderate	<input type="checkbox"/>	
Severe	<input type="checkbox"/>	
No Impact	<input type="checkbox"/>	

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.

Date	Name of Test / Evaluation	Purpose of Test	Results & Impact (Mild, Moderate, Severe)

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

TransHelp Service Eligibility Application Form

6. Does the applicant need a support person to travel on conventional transit or TransHelp? **TransHelp does not provide a support person.**

	Always	Never	Sometimes	If always or sometimes, explain why
Conventional Transit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TransHelp*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

***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)?

	Never	Sometimes	Provide Details (if sometimes)
Exiting vehicle and wandering	<input type="checkbox"/>	<input type="checkbox"/>	
Causing harm to themselves	<input type="checkbox"/>	<input type="checkbox"/>	
Causing harm to others	<input type="checkbox"/>	<input type="checkbox"/>	
Making a verbal or physical threat of violence or harm	<input type="checkbox"/>	<input type="checkbox"/>	

**TransHelp Service
Eligibility Application Form**

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.

Surname (last name) Given name(s)

Street address Unit

City or town Province Postal code

Phone Occupation and Professional Registration Number

Date (year/month/day) Signature

Stamp of Registered Health Care
Professional