

# TransHelp service eligibility application form



## Introduction

Peel Region offers several types of public transportation.

These include regular bus services like MiWay in Mississauga, Brampton Transit in Brampton, and TransHelp, Peel Region's specialized transportation service.

TransHelp is a safe and reliable transportation service that enables people with disabilities to travel comfortably, independently, and with dignity.

You might be eligible for TransHelp if your disability makes it challenging for you to use regular bus transportation for some or all of your trip. This can include, but is not limited to, long-term or short-term disabilities such as physical, sensory, cognitive, or mental health disabilities recognized in the *Ontario Human Rights Code*.

## Transit terms

- **Conventional transportation services** (conventional transit) means regular public transit that runs on set routes. This includes buses (including community buses), streetcars, subways, and light rail or rapid transit routes). All conventional transit in Peel are accessible.
- **Specialized transportation services** (specialized transit) is a pre-booked service that provides door-to-door pickup and drop-off, or trips to and from conventional transit for people who are registered.
- **Family of services** means using both conventional transit and specialized transit to support people with disabilities.

## Eligibility categories

TransHelp offers 3 categories of eligibility in keeping with the *Integrated Accessibility Standards Regulation (IASR O. Reg. 191/11)* and the *Accessibility for Ontarians with Disabilities Act (AODA) 2005*.

- **Unconditional** – For people whose permanent disability prevents them from using conventional transit.
- **Conditional** – For people with a disability who can sometimes use conventional transit, but face challenges depending on the situation, such as bad weather or travelling to a location that isn't accessible. A person who is approved for conditional service may use regular transit for part of their trip, and TransHelp when needed.
- **Temporary** – For people with a short-term disability that makes it difficult or impossible to use conventional transit. This type of service is approved for a specific time period only.

## How to apply for TransHelp service

To apply for TransHelp, you can fill out this paper form or apply online at [www.peelregion.ca/transhelp](http://www.peelregion.ca/transhelp). Other accessible formats are also available upon request.

If you think you qualify and want to use TransHelp, complete and sign the application. To avoid delays, be sure to fill out every section of the form.

If any information is missing, the form might be sent back to you to complete.

## In-person functional assessments

TransHelp is committed to making the eligibility process fair for everyone.

To help us understand your needs and match you with the right service, you may be asked to come in for a functional assessment. This assessment helps us learn more about how you travel and what support you may need. Your eligibility decision will be based on the information in your application and the results of the assessment, if one is required.

## Applicant's responsibilities

As the applicant, you are responsible for:

- Filling out **Sections A and B** of the application.
- Asking your health care professional (or professionals) to complete **Section C**.
- Making a photocopy of the entire application for your records.
- Paying any costs related to completing this application or for getting additional information.

## TransHelp's responsibilities

TransHelp is responsible for:

- Making sure each application received is filled out completely. A TransHelp employee may contact you if information is missing.
- Matching services to your abilities and the transit options available.
- Reviewing each application fairly and letting you know the decision in writing.
- Contacting you if your application requires an in-person assessment.
- Offering an independent appeal process if you disagree with the eligibility decision.

## Dropping off your application

Once you have completed and signed your paper application, deliver it to TransHelp using one of the following options:

- Mail: c/o TransHelp Applications, 3190 Mavis Road, Mississauga, ON, L5C 1T9
- Fax: 905-277-5864
- Drop off at the TransHelp Office at 3190 Mavis Road, Mississauga (drop box only)
- Drop off at Service Peel at 10 Peel Centre Drive, Suite B, in Brampton; 9 Wellington St. in Brampton, or 7120 Hurontario Street in Mississauga

## Appeal process

TransHelp is obligated to review every application carefully to decide the right level of service based on each applicant's abilities. We strive to be fair and objective in deciding the best level of service for you.

If you don't agree with the eligibility decision, you can ask for an independent appeal to have the decision reviewed.

For more information about the appeal process and required forms, visit [www.peelregion.ca/transhelp](http://www.peelregion.ca/transhelp) or call TransHelp Customer Service at 905-791-1015.

## Privacy notice

The personal information on this form is collected under the *Municipal Freedom of Information and Protection of Privacy Act, 2001*. It is used to create and manage your profile, confirm ongoing eligibility, and provide ongoing TransHelp supports.

If you have any questions about the TransHelp application process or about how your information is collected contact:

TransHelp Supervisor, Client and Administrative Services

Phone: 905 791 1015

Email: [transhelp@peelregion.ca](mailto:transhelp@peelregion.ca)

## Application sections

**Section A** asks questions about how you get around day to day and how well you can use conventional transit. This section is filled out by you or someone helping you. You will also be asked to confirm that the information you provided is correct.

**Section B** gives permission for TransHelp to contact your health care professional if they need more information or clarification.

**Section C** is completed by your health care professional. They will confirm that the information they provided to TransHelp is true. If more than one health care professional needs to complete the form, make copies of **Sections B and C**.

## Section A: Applicant information

Have you ever used TransHelp in the past?    Yes            No

If you remember your TransHelp Passenger ID, provide it here: \_\_\_\_\_

### Personal 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): \_\_\_\_\_ Phone (alternate number): \_\_\_\_\_

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

Email address: \_\_\_\_\_

### Mailing address (If different from home address)

Street: \_\_\_\_\_ Apartment/unit: \_\_\_\_\_

City or town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

## 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:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_ **Secondary phone number (optional):** \_\_\_\_\_

**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 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.

First contact	Second contact
Full name: _____	Full name: _____
Relationship to applicant: _____	Relationship to applicant: _____
Phone number(s): _____	Phone number(s): _____

## 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 disability barriers or conditions affect your ability to use conventional transit? (Check all that apply)

Disability condition(s)	Always affects my ability	Sometimes affects my ability	Explain how and why this disability or condition affects your ability to travel on conventional transit
Physical			
Visual			
Sensory			
Cognitive			
Mental health			

3. Does the weather affect your ability to use conventional transit? (Check all that apply)

Condition(s)	Yes	No	If yes, how do these seasonal conditions affect you?
Extreme cold			
During moderate ice and snow			
Extreme heat			

4. Which life-sustaining medical treatment do you receive that affects your travel?

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 (for example, CNIB) to ride conventional public transit?

Yes

No

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 a week do you attend this program? \_\_\_\_\_

**Support persons**

A support person can assist with communication, mobility, personal care, medical needs, or accessing goods, services, or facilities. This person must be able to meet the applicant’s care needs during travel, and cannot be someone who requires support themselves.

**TransHelp does not provide a support person.** If an applicant needs help from another person when using TransHelp, they are responsible for providing their own support person.

8. Do you need a support person when travelling on conventional transit or TransHelp?

	<b>Always</b>	<b>Never</b>	<b>Sometimes</b>	<b>If always or sometimes, explain why</b>
<b>Conventional transit</b>				
<b>TransHelp</b>				

**Mobility aid requirements**

To ensure safe and reliable service, all mobility aids must meet TransHelp’s size and weight requirements.

Devices cannot be larger than **86 x 132 cm (34 x 52 inches)**. The total weight of the device and applicant together must be under 800 lbs. Mobility aids must be clean, well-maintained, and able to be properly secured.

New applicants are required to have their device inspected by a TransHelp Inspector. This inspection makes sure the device fits properly, can be secured safely, and is comfortable to use.

If a device is larger than allowed, it may need an extra inspection. In some cases, other options might need to be considered. Our goal is to support your mobility needs while providing safe, inclusive, and reliable service.

9. Which of the following devices do you currently use? (Check all that apply)

<b>Brace</b>	<b>Communication device</b>	<b>Oxygen tank</b>
<b>Cane</b>	<b>Crutch</b>	<b>White cane</b>

<p><b>Scooter</b></p> <p>Dimensions (in inches or centimeters):</p> <p>Width: _____ Length: _____</p> <p>Combined weight with passenger:</p> <p style="text-align: center;">Less than 800 lbs/318 kg                      More than 800 lbs/318 kg</p>
<p><b>Walker or rollator (specify type):</b></p> <p style="text-align: center;">Foldable                      Non-foldable</p>
<p><b>Wheelchair</b></p> <p>Type:</p> <p style="text-align: center;">Motorized                      Manual (non-foldable)                      Manual (foldable)</p> <p>Dimensions (in inches or centimeters):</p> <p>Width: _____ Length: _____</p> <p>Combined weight with applicant:</p> <p style="text-align: center;">Less than 800 lbs/318 kg                      More than 800 lbs/318 kg</p>
<p><b>Other:</b> _____</p>
<p><b>I don't use any of these devices</b></p>

10. Do you use a service animal?

Yes                      No

11. Can you travel a city block (175 metres or 575 feet) on your own or by using an assistive device?

Always                      Never                      Sometimes

12. Can you get to 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 read route and destination signs and understand the audio announcements at transit stops, on transit vehicles, and in stations?

Always                      Never                      Sometimes

15. Do you know when and where to board and exit transit vehicle?

Always                      Never                      Sometimes

16. Can you pay your fare, use a transfer, tap your pass, and show proof of payment if asked?

Always                      Never                      Sometimes

17. Can you transfer from one bus to another, from a bus to a station, or from a station to a bus?

Always                  Never                  Sometimes

You may still need to use regular transit for part of your trips, depending on your accessibility needs.

If you answered "sometimes" or "never" to any of the questions from 11 to 17, explain how these situations make it more difficult for you to use regular transit.

18. If you wish, you can provide any other information that may help us understand your eligibility for TransHelp. (Optional)

I confirm that the information I have provided in this application is true and accurate. I understand that giving false or misleading information may result in my TransHelp service being cancelled. I agree to inform TransHelp if there are any changes to my disability, mobility aid, personal information, or if I no longer need TransHelp service.

\_\_\_\_\_

Applicant's or representative's signature

\_\_\_\_\_

Date

## Consent for email communication

TransHelp employees may need to share your personal information by email with consultants or advisors. This is to help decide if you qualify for TransHelp.

TransHelp employees may contact you via email to discuss your application. If you do not want to use email, you can ask to be contacted by phone instead. In some cases, TransHelp employees may choose not to send certain information by email. If this happens, they will contact you by phone or mail.

Upon your request, TransHelp employees may also share your application information by email with specialized transit services in neighbouring municipalities. This can help support your travel outside the Peel region. Your information will only be shared with other municipalities if you request it.

I acknowledge that sending personal information via email is not guaranteed to be secure. I fully accept the risks and responsibilities of this, and I waive all responsibility against the employees at TransHelp (Peel Region) involved with the disclosure of my personal information by email.

## Delivery preference for communication with TransHelp

I would like to receive communication by email.

Email Address: \_\_\_\_\_ (please print clearly)

I would like to receive my communication by mail.

## Section B: Authorization to release personal health information

I hereby authorize the health care professional below to complete **Section C** of this application.

I also authorize TransHelp and its authorized agents or representatives to contact my health care professional if more information, documents, or clarification are needed to process my application. This may include sharing and receiving my personal health information.

I understand that this information, including my personal health information, will be reviewed by TransHelp and its authorized agents or representatives to determine my eligibility for TransHelp or to decide on service options.

\_\_\_\_\_  
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 your personal health information.

**Name:** \_\_\_\_\_ **Profession:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Section C: Health care professional information

This section must be filled out by a regulated or licensed MSW, BSW, RSW or RSSW or a licensed health care professional who is appropriate for the applicant's disability.

This could be a: physician, nurse practitioner, psychiatrist, physiotherapist, optometrist, audiologist, psychologist, chiropractor, occupational therapist, or speech language pathologist.

The applicant is applying for TransHelp, a shared ride public transit service for people with disabilities who cannot use conventional public transit for all or part of their trip.

The information you provide will help TransHelp decide if the applicant qualifies for this 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 need clarification, call TransHelp at 905-791-1015 ext. 6029.

The applicant has given TransHelp permission to contact you if more is needed to process this application. This may include personal health information, supporting documents, or clarification.

**Applicant's name:** \_\_\_\_\_

**How long have you been providing care or support to the applicant?** \_\_\_\_\_

- Does the applicant have any of the following disabilities? Check all that apply whether the disability is permanent, temporary, or both. If the disability is temporary, tell us how many months it is expected to last.

Disability	Permanent	Temporary (duration)	Episodic/ sporadic	Frequency
<b>Physical</b> Specify: _____		Months: _____		
<b>Visual</b> Specify: _____		Months: _____		
<b>Sensory</b> Specify: _____		Months: _____		
<b>Cognitive</b> Specify: _____		Months: _____		
<b>Mental health</b> Specify: _____		Months: _____		
<b>Other</b> Specify: _____		Months: _____		

2. How do the applicant's disability or disabilities affect their ability to travel on their own in the community?  
Please describe the impact (for example, mild, moderate, or severe).

Impact	Explain
<b>Mild</b>	
<b>Moderate</b>	
<b>Severe</b>	
<b>No impact</b>	

3. In the past 24 months, has the applicant completed any assessments, tests, or evaluations (such as TUG or MOCA) that measure their ability to travel independently in the community?

Yes          No          Not applicable

If yes, provide details:

Date	Name of test or evaluation	Purpose of test	Results (mild, moderate, severe)	Impact

Is there anything else we should know about the applicant's disability or disabilities?

4. Is the applicant currently using a prescribed assistive device or devices? (For example, a wheelchair, walker, cane, or other equipment.)

Always          Never          Sometimes

If always or sometimes, specify the devices and conditions:

5. Does the applicant's disability prevent them from riding in a sedan-like vehicle?

Yes          No

**Support persons**

If an applicant requires a support person when using TransHelp, they are responsible for providing their own support person.

A support person can assist with communication, mobility, personal care, medical needs, or accessing goods, services, or facilities. The support person must be able to meet the applicant's care needs during travel. A support person cannot be someone who requires support themselves.

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
<b>Conventional transit</b>				
<b>TransHelp</b>				

7. TransHelp is a shared ride service. This means that passengers travel together with other TransHelp passengers and a TransHelp operator during the ride. The vehicle makes multiple stops at different locations, and the operator may need to leave the vehicle to pick up or assist passengers.

For these reasons, please indicate if the applicant is likely to show any of the following behaviours:

	Never	Sometimes	Provide details (if sometimes)
Exiting vehicle and wandering			
Causing harm to themselves			
Causing harm to others			
Making a verbal or physical threat of violence or harm			

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: \_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

Date (YYYY/MM/DD)

Stamp of Registered  
Health Care Professional