



GoBus Accessible Transit Application

GoBus provides paratransit services to the City of St. John's, overseen by the St. John's Transportation Commission. All passengers of GoBus must be registered with the service in order to use it. All applicants, in order to become registered, must have a disability that prevents the applicant from utilizing Metrobus, the conventional transit system. A disability for this purpose may include, but is not limited to:

- Physical disabilities
- Vision disabilities
- Hearing disabilities
- Intellectual or learning disabilities
- Mental health disabilities
- Neurological disabilities

Eligibility is considered on a case-by-case basis and is not based on a specific health condition; but whether the applicant's disability prevents the use of Metrobus, the conventional transit system. Applicants may be required to participate in a transit assessment. This will be completed by a health care professional at Telus Health Care Centre (8-10 Rowan St, St. John's). It will be arranged and paid for by Metrobus.

It is important to note that eligibility for GoBus is **not** based on the following factors **alone**:

- The applicant's age;
- Loss of driver's license or inability to drive;
- The availability of others to travel with the applicant on conventional transit;
- Whether conventional services or bus stops are offered near the applicant's pick up/drop off locations and/or lack of sidewalks in area (unwillingness and/or reluctance to use conventional services);
- Financial need or inability to pay for taxis, or other forms of transportation.

GoBus offers three levels of eligibility. Levels of eligibility are provided to ensure that GoBus resources are allocated to individuals based on need, encouraging the use of accessible conventional transit service when appropriate.

- *Unconditional eligibility* may be granted to individuals whose disability prevents them from using conventional transit (Metrobus) at all times.

- *Temporary eligibility* may be granted to individuals with a temporary disability (e.g. recovering from surgery) that prevents them from using conventional transit for all or part of their trip.
- *Conditional eligibility* may be granted to individuals whose disability comes about as a result of environmental or physical barriers that limit their ability to use conventional public transit (e.g. “in winter only”, “in dark conditions only”, or “for certain trips that do not have accessible bus stops”.)

The Application Process

The purpose of this application is to ensure all customers meet the eligibility requirements of GoBus Accessible Transit and to gather information that will allow us to provide the most accessible service possible for those who are eligible.

If you require support to complete this application, please contact Accessible Transit Services.

Section 1 must be completed by the applicant.

Section 2 is to be completed by a health care professional (such as a family physician, social worker, physiotherapist, mental health professional, or occupational therapist). Any fees incurred for completing this section are the responsibility of the applicant.

After submitting this application form, applicants will be required to complete a **Transit Assessment**. Applicants will be contacted to arrange a date and time for the assessment. There will be no cost to the applicant.

Return the completed application form to Accessible Transit Services. Applicants will be notified of the results of their application by mail. Please allow up to 14 days for processing. If an application is denied, information regarding the appeal process will be provided.

Mailing address:

Accessible Transit Services
Metrobus
25 Messenger Dr
St. John's, NL
A1B 0H6

Phone: (709) 570-2131

Fax: (709) 722-0018

E-Mail: gobus@metrobus.com



Section 1 – To Be Completed by Applicant

General Information

Last name: _____

First name: _____ Middle name/initial: _____

Date of Birth: _____

Residence Address: _____ Apartment #: _____

City: _____ Postal Code: _____

Name of residence, if applicable (e.g. Elizabeth Towers):

Pick-up door details (e.g. side entrance, red door):

Mailing address (if different from above):

Gender (optional): Male Female Non-Binary Other

If applicable, please identify your preferred pronouns: _____

Contact Information

Applicant (or primary contact):

Name: _____

Telephone: (Home) _____ (Cell) _____

(Work) _____ E-mail: _____

Alternate Contact Person (if applicable):

Name: _____

Telephone: (Home) _____ (Cell) _____

(Work) _____ E-mail: _____

Please choose the option that applies to you:

- I am a new applicant
- I am applying to renew my eligibility
- I am a visitor to St. John's or Mount Pearl. Duration of stay: _____
- I am registered with a paratransit service in another municipality

Emergency Contacts (optional):

Name: _____

Relationship to applicant: _____

Telephone: (h) _____ (w) _____ (c) _____

Name: _____

Relationship to applicant: _____

Telephone: (h) _____ (w) _____ (c) _____

Disability Information

Which of the following disabilities or health conditions, if any, prevent you from using Metrobus? Check all that apply:

- Physical Disability
- Vision Loss
- Blind
- Mental Health Disability
- Cognitive Disability
- Deaf
- Hearing Loss
- Seizure Disorder
- Intellectual Disability
- Autism Spectrum Disorder
- Speech Disability
- Other (Please specify): _____
- None

Please tell us how your disability prevents you from using Metrobus.

Can you travel a city block (175 m or 575 ft) on your own or using an assistive device?

- Yes No Sometimes

Are you able to travel to the Metrobus stop nearest to your home?

- Yes No Sometimes

Can you wait at the bus stop?

- Yes No Sometimes

Can you recognize and understand destination and route signage at the bus stop and on buses?

- Yes No Sometimes

Can you recognize and understand where and when to board and exit the Metrobus?

- Yes No Sometimes

Can you manage fare payment when boarding Metrobus (using cash or bus pass) and request a transfer?

- Yes No Sometimes

Can you transfer from one Metrobus route to another?

- Yes No Sometimes

Is your disability expected to change over time? How so?

Is your disability temporary or permanent? Temporary Permanent

If your disability is temporary, how long do you expect to need GoBus?

- 3 months
 6 months
 1 year
 Other (please specify): _____

Mobility Aids and Assistance

Please select which mobility aid(s) you use when travelling outside your home:

- | | |
|--|--|
| <input type="checkbox"/> Wheelchair*:
<input type="checkbox"/> Manual
<input type="checkbox"/> Powered
<input type="checkbox"/> Oversized | <input type="checkbox"/> Crutches
<input type="checkbox"/> Communication board
<input type="checkbox"/> Service animal
<input type="checkbox"/> Oxygen tank
<input type="checkbox"/> Hearing aid(s)
<input type="checkbox"/> Other (please specify):
_____ |
| <input type="checkbox"/> Scooter
<input type="checkbox"/> Walker
<input type="checkbox"/> Support cane
<input type="checkbox"/> Long white cane | |

* If you are using a wheelchair or scooter, please note that GoBus can accommodate mobility devices that are up to 51" long, up to 34" wide, and up to a maximum weight of 800 pounds (you and your wheelchair/scooter combined).

Can you climb three (11 – 15-inch) steps with a handrail, without assistance from another person?

- Yes No Sometimes

Will you be traveling with an attendant?

- Yes No Sometimes

What supports do you require when using GoBus? (I.e. help with steps, verbal directions, visual guide, etc.) Please explain:

Additional Information

Which of the following modes of transportation do you currently use?

- Own vehicle
- Travel with family members or friends
- GoBus
- Metrobus
- Taxi
- Community Bus
- Other (please explain: _____)

Is there any other information which would help us provide you with the most accessible service we can? Please explain:

In which format would you like information sent to you:

- Regular print
- Large print
- Braille
- Electronic (E-mail address: _____)

Would you like to receive e-mail/text notices from GoBus? These notices would be for service-related information (not for individual trips) such as policy changes, service interruptions, etc.

- Yes
- No

E-mail address: _____ Text #: _____

Advocate Information

Please complete this section if this form is being completed by someone on behalf of the applicant.

Advocate's Name: _____

Relationship to applicant: _____

Agency (if applicable): _____

Phone: _____ Email: _____

Consent/Declaration

I understand that information provided on this form and as part of this process is required for the purpose of determining eligibility to use GoBus Accessible Transit. Collection of this information is authorized under the Access to Information and Protection of Privacy Act, 2015 and the Personal Health Information Act (PHIA). Questions about the collection and use of the information may be directed to Accessible Transit Services/Metrobus. Please call 709-570-2131 or email gobus@metrobus.com.

I understand that information contained in this form will be shared with the Assessment Service Provider for the purpose of conducting a Transit Assessment.

I acknowledge that information related to my usage of GoBus (such as date/time of trip, status of trip, origin/destination address, passenger type) may be shared with municipalities, governments or agencies responsible for the financial subsidization of GoBus Accessible Transit. No personal information will be shared with funding partners.

I give permission for myself, my advocate and/or my health care professional to be contacted if additional information or clarification is required to determine my eligibility to use GoBus.

I authorize the release of my medical information as contained in Section 2 of this application to Accessible Transit Services and the Assessment Service Provider for the purpose of determining my eligibility to use GoBus Accessible Transit.

I certify that to the best of my knowledge, the information on this application is true and correct. I understand that providing false or misleading information could result in my eligibility status being terminated. I understand that applying for GoBus service does not guarantee acceptance as a customer of the GoBus service.

Signature: _____

Date: _____



Section 2 - To be completed by Health Care Professional

This section is to be completed by a registered health care professional (such as physician, social worker, physiotherapist, mental health professional, or occupational therapist) who is familiar with the applicant and can provide details on how their disability prevents the use of conventional transit (Metrobus).

This information is being requested in order to determine the applicant's eligibility to use GoBus Accessible Transit.

Consent to Release Information

I, _____ (applicant's name), provide my consent to the release of the following medical information to Accessible Transit Services and Assessment Service Provider for the purpose of determining my eligibility to use GoBus Accessible Transit. All medical information obtained within the application process is managed in accordance with the Personal Health Information Act (PHIA) NL.

Applicant's Signature: _____

Date: _____

Applicant Information

Name: _____

Date of Birth: _____

Health Care Professional Information

Name: _____

Occupation/Specialty: _____

Address: _____

Phone: _____

E-mail: _____

The applicant is applying to use GoBus Accessible Transit, a shared ride door-to-door public transit service for persons with disabilities who are unable to use conventional transit for all or part of their trip. The information you provide will assist Accessible Transit Services (Metrobus) to determine the applicant's eligibility for GoBus.

Please provide details to indicate how the applicant's disability would impact their ability to utilize Metrobus.

Physical Disability Permanent Temporary for ___ months

Vision Disability Permanent Temporary for ___ months

Cognitive Disability Permanent Temporary for ___ months

Sensory Disability Permanent Temporary for ___ months

Mental Health Disability Permanent Temporary for ___ months

Other Disability (if applicable) Permanent Temporary for ___ months

Do the above limitations vary under certain conditions, such as season or time of day? Please explain:

Does the applicant require an attendant/support person in order to travel outside the home?

Yes No

Can the applicant be left alone at their destination (home or other)? If no, please explain:

Eligibility for GoBus may be granted if a person experiences disability related barriers that prevent them from using Metrobus (at all or under certain conditions). Using Metrobus would require the applicant to be able to complete a variety of activities. Please indicate the degree to which the applicant can complete the following activities:

	Attainable	Possible with support	Possible with travel training	Impossible
Travel to nearest bus stop				
Wait at bus stop until bus arrives (bus stops may or may not have seating)				
Board the bus (by stepping from the curb into the bus or entering via ramp)				
Maneuver wheelchair or scooter into the accessible space, if applicable				
Recognize when to get off the bus and use the bell to signal a stop				
Disembark the bus (by stepping from the bus to the curb or exiting via ramp)				
Understand bus schedules and trip planning, including bus transfers if required				

Has the applicant completed any functional assessments (e.g. TUG, MOCA) of their disability in the last 24 months that measure their ability to travel independently in the community?

Yes No

If yes, please provide the following information:

- Date of assessment
- Name of test/evaluation
- Purpose of test/evaluation
- Results and impact (mild, moderate, severe)

Mobility Aids

Does the applicant require the use of a mobility device when travelling outside their home?

- Yes No

If yes, please specify:

- Wheelchair (powered, manual, oversized)
- Scooter
- Walker
- Support cane
- Long white cane
- Crutches
- Communication board
- Service animal
- Oxygen tank
- Hearing aid(s)
- Other (please specify): _____

Additional Information

Please provide any other information you deem relevant to this application.

Accessible Transit Services reserves the right to request clarification on any and all information provided or ask for additional information as it relates to this application.

Application completed by:

Health Care Professional's Name: _____

Signature: _____

Date: _____

Thank you!

Please return completed forms to Accessible Transit Services by mail, fax or e-mail.

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 Metrobus
 25 Messenger Dr
 St. John's, NL
 A1B 0H6

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E-mail: gobus@metrobus.com