



ELIGIBILITY CRITERIA

Winnipeg Transit Plus is a service for people who cannot use regular transit buses, either all the time or some of the time. To be eligible for Winnipeg Transit Plus, you must meet at least one of the eligibility requirements.

Step 1 – Determine if you meet criteria

Please check the criteria you are applying for:

Unable to walk 175 metres (575 feet) outside:

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> At all times | <input type="checkbox"/> During winter months only |
| <input type="checkbox"/> Temporarily | <input type="checkbox"/> As a result of dialysis treatment |

Alzheimer’s Disease or Related Dementia (ADRD), which interferes with ability to use the regular fixed-route transit system with an equivalent level of independence and safety.

20/200 vision or less in both eyes, or a visual field of less than 20 degrees in both eyes that is not corrected by the use of lenses. **CNIB Reg #** _____
OR submit documents from your optometrist, ophthalmologist, or neuro-ophthalmologist confirming your eligibility with your current visual acuity and/or field of vision in both eyes.

Step 2 - Complete the self-referral application if one of the above criteria has been met:

All questions must be completed. You are not required to take this form to a healthcare provider.

Step 3 - Next steps

Once you have submitted the form, you will receive a letter outlining the next steps. Most individuals are required to attend an individualized assessment to review one or more of the following when applicable:

- Eligibility for service
- The ability to safely travel independently
- To ensure that your mobility equipment can be safely secured and meets the Winnipeg Transit Plus requirements for transportation.
- Vehicle access and additional service delivery needs

Winnipeg Transit Plus may be able to offer you a one-time ride to the assessment. The letter you receive will provide more information.

Completing this application form and/or attending an assessment does not guarantee eligibility for Winnipeg Transit Plus. Incomplete applications will be returned, and may result in delays.

APPLICATION FOR WINNIPEG TRANSIT PLUS

1) I am submitting this application for: Myself Someone else

2) Are you a current or past user? No Yes **Registration#** _____

Applicant's First Name Applicant's Middle Name (if applicable) Applicant's Last Name

Apt Street Number Street Name City/Town Postal Code

Phone (Mobile)

Phone (Home or Landline)

Date of Birth (Month / Day / Year)

Email address (for faster correspondence)

Preferred Method of Communication(select one):

Email

Mailing Address

Emergency Contact's Email

Emergency Contact

First Name

Last Name

Relationship

Phone

Email address

If you have any questions regarding this application form, please call the Winnipeg Transit Plus Contact Centre at 204-986-5722. Completed forms can be faxed to 204-986-6555 or mailed to:
Winnipeg Transit Plus, Unit B-414 Osborne Street, Winnipeg, MB R3L 2A1.

9) Wheelchair/Scooter information:

Make	Model	Overall Width (inches)	Overall Length (inches)
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Note: To measure length - longest point to longest point. To measure width - outside hand rim to other hand rim. Not the seat.

10) Are there tie down brackets? Yes No Unknown

11) Where is your wheelchair or scooter from (e.g. Manitoba Possible, store, online)?

12) Can we contact your mobility aid provider for more information? Yes No

13) Can you transfer independently from your wheelchair or scooter to the seat of a vehicle?

Please note: Passengers must transfer from a pedestal seat(e.g. scooter) to a vehicle seat.

Yes No

14) To travel unaccompanied, you must be able to:

- Recognize your destination on your own
- Seek help in an emergency
- Manage your care needs during travel

Based on these requirements, are you able to travel unaccompanied? Yes No

Please explain: _____

15) Please check your pick-up location:

House /Mobile Home /Duplex

Apartment /Townhouse /Condo /Assisted Living

Long term care facility /Personal Care Home /Hospital

Other (please describe) _____

16) Please provide address of your usual pick-up location (if different than mailing address listed on first page) **Note:** Address must be within City of Winnipeg boundaries.

Address: _____

Apt	Street Number	Street	City/Town	Postal Code
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17) Does your home have a ramp or a lift? Yes No

If yes, please describe the location: _____

18) Does your home have steps outside at the pick-up door?

Yes, how many? _____ No

19) Are you able to go up and down these steps? Yes No

Please describe: _____

20) At times, we may require more information from your care provider for eligibility, safety and service delivery. Please provide the contact information for the current care provider(s) involved in your care:

EIA/MPI Worker Home Care Coordinator OT Physician PT Social Worker

Care Provider's Name	Address	Telephone

DECLARATION AND AUTHORIZATION FOR RELEASE OF INFORMATION

We are collecting the information on this form to process your application. We may use this information to determine your service needs and eligibility, and to manage and communicate with you about your service. Where the information is personal information (including personal health information), *The Freedom of Information and Protection of Privacy Act* and *The Personal Health Information Act* allow us to collect it for this purpose, and these acts give you privacy rights. We do not use or share your personal information for other purposes unless authorized by law or with your consent. Contact the Corporate Access and Privacy Officer if you have questions online at winnipeg.ca/privacy, by mail to City Clerk’s Department, Susan A. Thompson Building, 510 Main Street, Winnipeg MB, R3B 1B9, or by telephone at 311.

I, _____, declare that the information provided on this application is accurate and true to the best of my knowledge. I understand that a false statement could lead to the review of my application for Winnipeg Transit Plus ("the Service"). I understand that the Service reserves the right to request additional information from myself or those listed on this application form. I authorize the health care providers(s) and contact person(s) identified in this form to release pertinent information to the Service as it relates to determining my eligibility and service delivery requirements. I understand that if the Service is unable to obtain the information necessary, my application may not be processed and will be placed on hold. I understand that the Service may review my file at any time. This may include, but is not limited to, a review of my eligibility, the need for a mandatory attendant, access to pick-up/drop off locations, access to vehicles or equipment related issues.

Signature of Applicant: _____ **Date:** _____

If you are not the applicant, but have signed this application on the applicant's behalf, we require the following. Please note: Only legal guardians and/or POA may sign on the applicant’s behalf.

Name Relationship to Applicant

Address Telephone

Signature of representative Date