

## Mailing Address:

Niagara Region  
Transit Services  
1815 Sir Isaac Brock Way  
P.O. Box 1042, Thorold, ON L2V 4T7

Visit [niagararegion.ca/transit/nst](http://niagararegion.ca/transit/nst) to complete the online form for fastest processing times. Otherwise, please complete and return this form by email to [nst@niagararegion.ca](mailto:nst@niagararegion.ca), in person or by mail.

## Overview

In order to be eligible for Niagara Specialized Transit (NST), all users must first submit an application form which will be reviewed by the Niagara Region, against the approved Eligibility Criteria. If your application is incomplete, it will be returned to you or you may be contacted for more information. You will be notified of your eligibility by mail and, if approved, you will be eligible to book trips on NST.

Please complete Part 1 in full and have your Health Care Provider fill out Part 2. Please ensure the entire form is completed legibly. If you have trouble completing your form, please don't hesitate to contact us at 905-680-2052.

**NST is considered a shared ride service. A shared ride service means:**

- Other riders may be on board during the trip to your destination
- Your route of travel may be altered so another rider(s) can be accommodated
- You may be on board for up to 75 minutes
- The vehicle may stop and pick up other riders as it travels to your destination

## Eligibility Guidelines

The inter-municipal specialized transit service is intended for residents of Niagara who have a disability that prevents them from using conventional transit services. The service is only intended for travelling

from one municipality to another municipality in Niagara, or to Hamilton for medical purposes only.

Note: Unavailability of conventional transit does not constitute eligibility

## Section 1: Personal Information

### To be completed by the applicant or their designate

Last name:	First name:	
Address:	City/town:	Postal code:
Telephone (home):	Cell:	
Email:	Date of birth (yyyy-mm-dd):	
Name of retirement home (if applicable):		

#### Gender:

Male      Female      Prefer not to say

### Emergency Contact

#### Please provide a person to be contacted in case of emergency

Last name:	First name:	Relationship:
Phone number:	Alternate phone number:	

Any personal information or personal health information is collected, used and disclosed by Niagara Region under the authority of the Municipal Act for the administration of the inter-municipal transit service in accordance with the ***Municipal Freedom of Information and Protection of Privacy Act (MFIPPA)***. Questions should be referred to the Access and Privacy Office at 905-980-6000, ext. 3779 or [FOI@niagararegion.ca](mailto:FOI@niagararegion.ca).

#### If you prefer all NST communications be sent to a designate, please provide their details below:

Last name:	First name:	Relationship:
Address:	City/town:	Postal code:
Phone number:	Cell:	
Email:		

### Payment Method

#### What is your preferred method of payment for trips taken with NST?

Cash      Cheque      Debit      Credit Card

#### How do you prefer to receive confirmation of payment? Select one and provide the contact information

Mail      Email      Text message      Phone

### For office use only

Eligibility Category:      USP:      Application number:

## Disability Information:

Please describe any circumstances or factors which prevent you from using conventional fixed route transit services (environmental/health/weather concerns, physical limitations, etc.). Note: Unavailability of conventional transit does not constitute eligibility for specialized transit.

Do you use any of the following mobility aids? Check all that apply.

Manual wheelchair	Walker	Crutches
Extra wide	Foldable	Oxygen tank
Extended foot rest	Non-foldable	Service animal
Power wheelchair	Cane	Other:
Extra wide	Quad cane	
Extended foot rest	White/red cane	
Scooter	Braces	None required at this time
Extra wide	Prosthesis	
Extended foot rest		

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## Authorization

I hereby certify that the information provided in Part 1 is, to the best of my knowledge, true and accurate and I authorize Niagara Region to use this application to assess my eligibility. I also authorize the signing medical/health care professional to release the information requested in Section 2 to the Region for purposes of determining eligibility.

I authorize Niagara Region to disclose required information to other transit services in order to support the use of other specialized transit services.

If applicable, I acknowledge that I must carry my Universal Support Person Pass with me, otherwise my accompanying Support Person will be required to pay a fare.

**Signature:**

**Date:**

(Applicant or Power of Attorney)

**For office use only**

*Eligibility Category:*

*USP:*

*Application number:*

## Section 2: Medical/Health Care Professional Information

### To be completed by a Medical/Health Care Professional

You have been asked to support an application for Niagara Specialized Transit (NST) by acknowledging the applicant's description of disability in Part 1 of this form.

There are different kinds of eligibility including temporary, conditional, and unconditional. Please indicate which eligibility type you support.

### Medical/Health Care Professional Information:

Applicant's full name:

Date of birth: (yyyy-mm-dd)

Medical/Healthcare Professional's Full Name:

Address:

City/town:

Postal code:

Phone number:

Fax:

Email:

### Check which best describes you:

Licensed physician

Certified psychology/psychiatrist

Licensed therapist

Licensed optometrist/ophthalmologist

Registered nurse

Other:

Licensed chiropractor

Registered occupational therapist

### Disability Information

#### 1. How is the applicant's mobility affected?

#### Check one box only:

- A. Applicant can always travel unassisted approximately 175 meters.
- B. Applicant can never travel 175 meters.
- C. Applicant could travel 175 meters only if (check all that apply):
  - 1. They have an attendant with them
  - 2. They are familiar with the area
  - 3. There are curb cuts along the route
  - 4. There is a sidewalk
  - 5. The ground is level or only slightly inclined
  - 6. The path is free of ice, snow or debris
  - 7. Other:

#### For office use only

Eligibility Category:

USP:

Application number:

**How would you categorize the applicant’s eligibility?**

Temporary - Expected duration:

Conditional (Seasonal, for specific appointments only)

**If conditional, describe the specific environmental or physical barriers that limit the applicant’s ability to use conventional transit.**

Permanent

**Universal Support Person (USP)**

NST drivers assist passengers from one accessible door to another accessible door, but **do not** provide onboard care or assist passengers beyond the accessible entrance of their pick-up or drop-off location.

**In order to travel unaccompanied on NST, is the applicant able to independently:**

- |    |   |     |    |              |
|----|---|-----|----|--------------|
| a) | Recognize their destination and communicate to the vehicle operator if they are about to be dropped off at the wrong location.  | Yes | No | Occasionally |
| b) | Get help if they are dropped off at a wrong location.   | Yes | No | Occasionally |
| c) | Be safely left unattended on the vehicle with other riders when the operator is away from the vehicle (i.e. they are not at risk of exiting the vehicle and wandering). | Yes | No | Occasionally |
| d) | Transfer into/out of a vehicle without assistance?  | Yes | No | Occasionally |
| e) | If applicable, maneuver their mobility device to travel to and from the vehicle   | Yes | No | Occasionally |

Are there any other reasons why you feel the applicant requires a support person when travelling with Niagara Specialized Transit?

Yes                      No

If yes, explain:

In your opinion and based on your answers above, the applicant requires a support person:

Always                      Occasionally                      Never

**Signature:**

**Date:**

(Medical/Health Care Practitioner):

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<i>Eligibility Category:</i>	<i>USP:</i>	<i>Application number:</i>