

RM of West St. Paul
3550 Main Street
West St. Paul, MB. R4A 5A3
Ph: 204-338-0306 Fax: 204-334-9362
Email: reception@weststpaul.com

Application for Handi-Van Service

What is Handi-Van?

Handi-Van is a service which provides transportation for people who cannot use other modes of transport because of mobility impairment or are legally blind.

Handi-Van is a shared ride, door-to-door service that operates within the RM of West St. Paul and The City of Winnipeg as a fixed route system. Drivers physically assist passengers from the ground floor doorway, to and from the vehicle and to the ground floor doorway at the destination.

Instructions

Please complete the following form as directed. Forms that have insufficient information, are unclear, or illegible cannot be processed and will be returned for completion.

1. **Section A** must be filled out by the applicant (or with assistance when required). For individuals who are legally blind and do not have a mobility impairment, complete page 4.
2. **Section B** must be filled out by one of the following qualified health care professionals who have full knowledge of your condition: Chiropractor, Occupational Therapist, Physician, Physiotherapist, or Registered Nurse.
3. Please note that filling out this application form does not guarantee eligibility.
4. There is no charge to apply for Handi-Van service. Any fees charged by a qualified health care professional to complete this form are the responsibility of the applicant.
5. Once received, the application will be reviewed and you will be contacted within 10 business days regarding the status of your application. In some cases, additional phone calls or an interview may be required to determine eligibility.
6. Wheelchair Services of Manitoba Inc. provides Handi-Van Services for the municipality. If you have any questions, please call Wheelchair Services of Manitoba Inc. at 204-982-0799.
7. Completed forms may be faxed to 204-334-9362, or emailed to reception@weststpaul.com, or mailed to:

Handi-Van Applications
RM of West St. Paul
3550 Main Street
West St. Paul, MB
R4A 5A3

**WEST ST. PAUL
Wheelchair Services of Manitoba Inc.**

The Rural Municipality of West St. Paul is pleased to announce that the Municipality has been approved to receive a grant under the Province of Manitoba's Mobility Disadvantaged Transportation Program (MDTP) and has established a Handi-Van Service in co-operation with Wheelchair Service of Manitoba Inc.

This program will provide transportation for people who cannot use other modes of transport because of mobility impairment or are legally blind.

It is a shared ride, door-to-door service that operates within the RM of West St. Paul and the City of Winnipeg system. Drivers physically assist passengers from the ground floor doorway, to and from the vehicle, to the ground floor doorway at the destination.

Users

Under the guidelines of the Program, users will be individuals with mobility disadvantages, which can be permanent or temporary, and seniors over the age of 65 years.

Application

Each user will be required to complete an application form which will be available at the Municipal Office. Administration will review the application to ensure the applicant meets the pre-established user criteria. When accepted the user will be provided a "user card" from Wheelchair Services of Manitoba Inc. Each user will be provided a user number, which will be recorded into the Wheelchair Service of Manitoba Inc. database.

Priority of Use*

Rider priority will be as follows:

1. Medical Appointments
2. Shopping
3. Visiting
4. Recreation Wellness / Entertainment (Attending movies etc.)

*all Handi-Van bookings are subject to Handi-Van availability

Hours of Operation

The hours of operation for the Handi-Van Services are 9:00am to 9:00pm Monday to Friday and pre-booking is required with **24-hour notice**.

Service Area

Presently a user has to originate in West St. Paul and be transported to the City of Winnipeg. There are two areas in Winnipeg for which transportation services are provided to. Please contact Wheelchair Services of MB, at (204) 9820799 to verify which area your destination is located in.

	Area "1" Per ride one way	Area "2" Per ride one way
User (Rider) Cost	\$7.25	\$9.25

This Section to be completed by Applicant
Section A: Application Information
(Please Print Clearly)

Are you a current or past user of Handi-Van? ☐ Yes ☐ No

If yes, what is (was) your registration number? _____ ☐ Don't know

Mr.: ☐; Ms.: ☐; Mrs.: ☐: _____
(Name) (First) (Middle) (Last)

Address:

Phone Number: () _____ () _____ () _____
(Home) (Cell) (Work)

Date of Birth: _____
(Month) (Day) (Year)

Email Address: _____

In some cases more information may be required to determine eligibility. If additional information is required, whom do we contact?

☐ You or ☐ Someone else (Example: spouse, guardian, etc).

If we need to contact someone else, please provide contact information below.

Name: _____ Relationship: _____

Phone Number: () _____ () _____ () _____
(Home) (Cell) (Work)

Emergency Contact

In case of an emergency, please list someone living in West St. Paul, Winnipeg or the surrounding area that we can contact.

Name: _____ Relationship: _____

Address: _____

Phone Number: () _____ () _____ () _____
(Home) (Cell) (Work)

Name of Applicant: _____

Transportation Information

1. Why are you applying for Handi-Van shared ride service?

2. What are the ways you get around now? (Please check all that apply)

- ☐ Drive
☐ Family/Friends drive me
☐ Taxi
☐ Private bus (Personal care home/Program bus)
☐ Other (Please specify): _____

3. Do you require any of the following aids when going out? (Please check all that apply)

- ☐ Hearing aid/Communication device
☐ Portable oxygen/ventilator
☐ Service animal
☐ Cane
☐ Crutches
Walker—☐ Folding ☐ Not folding ☐ With seat ☐ with skis ☐ 3 wheels ☐ 4 wheels
Manual wheelchair ☐ Folding ☐ Not Folding
☐ Power wheelchair
☐ 3 Wheeled power scooter ☐ 4 Wheeled power scooter
☐ Other (Please specify): _____

4. Do you use mobility aids to get around your home?

- ☐ No
☐ Yes
If yes, what kind do you use? _____

5. To accommodate mobility aids in vehicles, please provide the following information;

- a) Special features of aids (1E; elevated leg rests, tilt recline on wheelchair, etc.)
b) Model of wheelchair? _____
c) Width of wheelchair (from outside wheel to outside wheel): _____

Name of Applicant: _____

Information for Handi-Van Scheduling

Should your application be approved, the following information will be required to assist in trip scheduling. Please complete the following:

Home Environment

1. Please check the most appropriate description of your pick up location.

- ☐ House/Mobile home
☐ Apartment/Town house/Condo/Duplex
☐ Long term care facility/Personal care home
☐ Hospital
☐ Other (Please specify): _____

2. If you live in a multi-dwelling unit, does it have a name? (i.e., Garden Towers)

3. Where is your pick up door?

- ☐ Front
☐ Side
☐ Back
☐ Other (Please specify): _____

4. Does your residence have steps outside the pick up door?

- ☐ No
☐ Yes

If yes, how many steps? _____

5. Is there a handrail going up these steps?

- ☐ No
☐ Yes

If yes, what side are they on?

- ☐ Right
☐ Left

6. Do you need someone to help you go up or down these steps?

- ☐ No
☐ Yes

7. Does your residence have a ramp?

- ☐ No
☐ Yes

If yes, where is the ramp located? _____

Note: Drivers are only required to assist manual wheelchairs up or down three stairs. For more than three stairs, or the use of an electric wheelchair, the registrant must make arrangements for alternative assistance (i.e., ramp).

Name of Applicant: _____

THIS PAGE IS FOR INDIVIDUALS WHO ARE LEGALLY BLIND ONLY (DO NOT HAVE A MOBILITY IMPAIRMENT)

CNIB Registrants Only:

Please provide CNIB registration number: _____

I authorize CNIB to release my registration number to Wheelchair Service of Manitoba to confirm my registration.

Signature of Applicant or Representative: _____ Date: _____

For Applicants who are legally blind and are not clients of CNIB

Verification must be provided an Optometrist or Ophthalmologist.

The applicant has a visual impairment of:

☐ 20/20 vision or less

☐ Visual field of less than 20 degrees (legally blind)

Additional comments: _____

Name: _____ Title: _____

Signature: _____ Date: _____

Note: For applicants who are legally blind and do not have a mobility impairment, stop filling out this application and submit for processing.

Name of Applicant: _____

Authorization for Release of Information: (To be completed by Applicant)

Please note that the personal information collected on this form is subject to the provisions of the Freedom of Information and Protection of Privacy Act and the Personal Health Information Act. The information will not be shared with anyone other than as set out in the consent below and will not be used for any purpose other than for determining eligibility for Handi-Van Services.

I authorize the professional completing this form to release pertinent medical information to Wheelchair Service of Manitoba Inc. Handi-Van Division, about my disability or health condition as it relates to determining my eligibility for specialized transportation.

Name of Applicant: _____ Date: _____

Signature of Applicant/Legal Guardian: _____

Section B: To be completed by a HEALTH CARE PROFESSIONAL

Professional Certification (Please check one):

☐ Chiropractor ☐ Occupational Therapist ☐ Physician ☐ Physiotherapist ☐

Registered Nurse

☐ Other: _____

Mobility Information: (Please print clearly)

1. Describe the medical diagnoses that compromises the applicant's mobility.

2. Describe the medical treatment plan, projected outcome and any ongoing care required regarding mobility.

3. Is the condition(s) permanent? ☐ Yes ☐ No

Is the condition(s) progressive? ☐ Yes ☐ No

4. The applicants' mobility is affected by the following:

	N/A	Mild	Severe
Balance	[]	[]	[]
Endurance	[]	[]	[]
Pain	[]	[]	[]
Respiratory (SOB)	[]	[]	[]
Spasticity/Tone	[]	[]	[]
Strength	[]	[]	[]
ROM	[]	[]	[]
Hemiplegia/Paresis	[]	[]	[]

Comments: _____

Name of Applicant: _____

Mobility Information (continued)

5. Applicant Height: ☐ m/cm ☐ feet inches _____

Applicant Weight: ☐ kgs ☐ lbs _____

If applicant is unable to walk, please check here ☐ and proceed to wheelchair information on this page. If applicant is able to walk, please complete section below.

Ambulation:

Note: The distance between two bus stops is approximately 175m or 1575ft.

1. The applicant is able to walk 175m/575ft outside unassisted;

☐ At all times

☐ Some of the time (i.e. in summer, by taking rests)

☐ None of the time

☐ Temporarily unable

Comments: _____

2. The applicant is able to manage stairs independently (check all that apply);

☐ At all times

☐ With a person assisting

☐ With a rail

☐ None of the time

Comments: _____

3. The applicant **requires** the following **mobility aid(s)** (check all that apply)

☐ None

☐ Cane

☐ Crutches

☐ Walker

☐ Bariatric (oversized) walker

☐ Other (Please specify): _____

Wheelchairs

1. The applicant **requires** the use of a **manual** wheelchair (check all that apply);

☐ At all times

☐ Some of the time (i.e. less than 4 hours/day)

☐ For long distances only

☐ Bariatric (oversize)

☐ To be transported in a vehicle

☐ Temporary, until the following date: _____

2. The applicant **requires** the use of **power mobility** (☐ wheelchair or ☐ scooter)
(check all that apply);

☐ At all times

☐ Some of the time

☐ For long distances only

☐ Bariatric (oversize)

☐ To be transported in a vehicle

☐ Temporary, until the following date: _____

Name of Applicant: _____

Transfers

Is the applicant able to transfer independently from wheelchair/scooter to the seat of a car or van?

☐ No

☐ Yes

Drivers physically assist passengers from the ground floor doorway, to and from the vehicle, to the ground floor doorway at the destination. Drivers do not ring buzzers/doorbells or search for passengers. Drivers will not provide personal attendant service/supervision during the trip, or place passengers into the hands of someone else at the destination point (i.e. wait for a caregiver to arrive).

Knowing this, does the applicant require a personal attendant (someone who must travel with the applicant to provide assistance during the trip or at the destination) while traveling with Handi-Van?

☐ No

☐ Yes

☐ Sometimes

Comments: _____

Given the information provided in this application, to what degree is Handi-Van recommended;

☐ Not at all

☐ All of the time

☐ In winter only

☐ For trips to and from dialysis treatment only

☐ Some of the time (please specify): _____

☐ Temporarily (Please specify): _____

Note: Handi-Van can accommodate individuals who are ambulatory or travel in a wheelchair/scooter. As part of the public transit system, we are unable to accommodate specific vehicle type of seating location preferences.

Additional comments: _____

Professional Verification (Please print)

I certify that I am currently an accredited/licensed practitioner and that the information contained herein is accurate and complete.

Name: _____ Title: _____

Address: _____ Phone: _____

Email: _____

Signature: _____ Date: _____

Personal Privacy: The personal information collected on this form is subject to the provisions of the Freedom of Information and Protection of Privacy Act (FIPPA) and the Personal Health Information Act (PHIA). The information will not be shared with anyone other than as set out in the previous consent above and will not be used for any purpose other than for determining eligibility for Handi-Van Services. If you have any questions you may call Wheelchair Services of Manitoba Inc. at 204-982-0799.

Please return completed form to applicant

