

1 Eligibility Criteria

- A. Be a handicapped person, that is, “a person with a deficiency causing a significant and persistent disability (impairment), who is liable to encounter barriers in performing everyday activities”.
- B. Have mobility limitations that justify the use of paratransit services.

Accordingly, a temporary limitation (for example, a broken leg) cannot qualify a person for paratransit eligibility.

You can access the *Paratransit Eligibility Policy* on the website of the ministère des Transports at www.mtq.gouv.qc.ca, under the heading “Persons with disabilities”.

2 Steps

- A. Part 1: To be filled out by the applicant.
- B. Part 2: To be completed **by a professional of the health care or education networks** who has access to the diagnosis of the applicant's condition. Refer to the chart below.

Motor or Organic Impairment:

- **For people who use a wheelchair permanently:**
Doctor, occupational therapist, physical therapist, physiatrist, or physical rehabilitation therapist.
- **In all other cases:**
Occupational therapist, physical therapist, physiatrist, or physical rehabilitation therapist.

Intellectual Impairment: Special needs professional, psychoeducator, psychologist, or social worker (if not registered in a CRDI).

Visual Impairment: Spatial orientation and mobility specialist or worker in rehabilitation for visually impaired.

Psychological Impairment: Occupational therapist, nurse, or social worker, all working in the field of psychological impairment.

C. These documents are required for handling the form :

- ☐ Original form completed and signed.
- ☐ Proof of age (photocopy of the health card or birth certificate).
- ☐ One (1) recent photo identifying the applicant on the back.

*** If documents are missing, the form will not be evaluated.**

The photo and proof of age can be transmitted electronically to admission@sts.qc.ca

Please send the documents to the following address:

**Société de transport de Sherbrooke
Admission paratransit
895, rue Cabana
Sherbrooke (Québec) J1K 2M3**

**IMPORTANT : NO OTHER FORM MAY BE USED TO MAKE A VALID APPLICATION
FOR PARATRANSIT ELIGIBILITY**

To be filled out by the eligibility officer

File number

Date of receipt
of the application

Year

Month

Day

Part 1 - General Information

An application is to be completed by the applicant, by a person designated by the applicant or by the applicant's legal representative, where the applicant is unable to act. Any incomplete or illegible application will be returned to the applicant, which delays processing of the application. The confidentiality of the information conveyed will be maintained under the Act respecting Access to documents held by public bodies and the Protection of personal information. The information on the application is for the sole use of the eligibility committee.

SECTION 1

Information on the applicant

PRINT (REQUIRED)

Family name										First name																													
Family name at birth (if different)																																							
Home address					No.					Street					Apt. No.																								
Municipality															Postal Code																								
Name of residential facility (if applicable)															Room No.																								
Telephone Home					Area code					Number					Work					Area code					Number					Extension									
Cell					Area code					Number					Fax					Area code					Number														
Email address																																							
I agree to receive information or offers from my paratransit service provider															<input type="checkbox"/> Yes					<input type="checkbox"/> No																			
Date of birth					Year					Month					Day					Gender					Weight					Height									
																				<input type="checkbox"/> Female					<input type="checkbox"/> Male														
Language spoken										<input type="checkbox"/> French										<input type="checkbox"/> English										Other means of communication									
										<input type="checkbox"/> Other, specify:										Specify:																			

SECTION 2

Questions relating to paratransit eligibility and to the type of accompaniment.

1 Why are you applying for paratransit eligibility?

SECTION 3

References and signature

1 Is there a professional other than the one completing the attestation of disability (Part 2 of the form) the eligibility committee could reach, if necessary, to facilitate the study of your application?

Family name										First name									
Position										Name of facility (if any)									
Telephone		Area code		Number				Extension		Prof. licence No. (if any)									

2 If the applicant is not the person completing this Part, give the name of the person who does so on his or her behalf.

Family name										First name									
Telephone		Area code		Number				Work		Area code		Number				Extension			
Home																			
Cell		Area code		Number				Relationship to applicant											
Name of facility (if any)																			

3 Person to contact in case of emergency.

Family name										First name									
Telephone		Area code		Number				Work		Area code		Number				Extension			
Home																			
Cell		Area code		Number				Relationship to applicant											
Name of facility (if any)																			

Applicant's authorization

I certify that the information provided is accurate. I understand that a false statement could lead to the rejection of my eligibility application or the withdrawal of my paratransit eligibility. I hereby consent to have the eligibility committee review all the information provided on this form and in any supporting documents. I also authorize the committee to contact any person indicated in Question 1 of this Section, and the persons completing Part 2 of the form or any other attestation submitted with the application, for the purpose of validating the information conveyed or for obtaining further information, as required. I understand that, if I am declared eligible, only the information necessary for my travel, my safety and my comfort will be disclosed to paratransit service providers.

Signature required

Applicant's signature

Signature of representative on behalf
of applicant unable to act

Date (YYYY-MM-DD)

You may append additional information in support of your eligibility or your paratransit needs.

Part 2 - Attestation of Disability (to be completed by a professional)

Please ensure that this part is properly filled out, otherwise processing of the application and access to paratransit service will be delayed.

1 A. What is the principal diagnosis on the applicant's record which causes mobility limitations?

Since when? _____

Check off and specify, if appropriate, the medical classification of the diagnosis in terms of functional impairment (level, class, stage):

- ☐ Intellectual disability ► level (mild, moderate, severe, profound) _____
- ☐ Respiratory deficiency ► class _____ / V
- ☐ Cardiac deficiency (New York Heart Association) ► class _____ / IV
- ☐ Parkinson's disease (Hoehn and Yahr Scale) ► stage _____ / V
- ☐ Traumatic brain injury ► level (mild, moderate, severe) _____
- ☐ Alzheimer's disease (Reisberg's Scale or Global Deterioration Scale [DAT]) ► stage _____ / 7
- ☐ Other ► Specify: _____

B. Indicate any other diagnosis related to the need for paratransit service.

2 Does the applicant's condition allow foreseeing a possible recovery?

- ☐ No ► Explain: _____
- ☐ Yes ► Indicate the timeframe and explain: ☐ within a year _____
- ☐ longer than a year _____

3 Does the applicant have one of the disabilities described below?

- ☐ No ► Go to Question 11.
- ☐ Yes ► Check off the applicant's limitations in one or more areas (eligibility criteria).
- ☐ 1. Walk 400 metres on even ground.
 - ☐ 2. Climb a step 35 cm high with support or descend without support.
 - ☐ 3. Make an entire trip using public transit because of extreme susceptibility to fatigue.
 - ☐ 4. Keep track of time.
 - ☐ 5. Find one's bearings.
 - ☐ 6. Master situations or behaviour that could compromise one's own safety or that of others.
 - ☐ 7. Communicate orally or through sign language. N.B.: this limitation alone cannot qualify the applicant for paratransit eligibility.

4 When do the disabilities indicated in Question 3 become apparent (if there is more than one disability, please write down the corresponding numbers from Question 3 in the appropriate boxes)?

- ☐ Throughout the year ☐ Only in winter ☐ Only after dusk
- ☐ Only when the applicant faces certain geographic obstacles. ► Specify: _____
- ☐ Only when the applicant travels with a dependent child under the age of 6.
- ☐ When the trip is unfamiliar, overly complex or involves a dangerous intersection.
- ☐ Only when the applicant travels for hemodialysis.
- ☐ In certain situations or intermittently ► Specify: _____

5 Questions that are specific to certain impairments or disabilities: answer only those that are relevant.

A. Motor, neurological or internal organ impairment

Specify, where appropriate, the type of functional assessment conducted and the result:

Berg scale (balance) _____

Other ► Specify: _____

1) Ability to walk on even ground (specify)

A) Maximum distance (in metres) that the person can cover _____

B) Time required to cover the distance _____

C) Condition of the person after walking this distance _____

2) Ability to climb a step with support or descend without support (specify)

A) Height of step the person can climb with support _____

B) Height the person can descend from without support _____

C) Limitation observed: range, muscular weakness, pain, balance _____

3) Ability to take regular transit for a round trip

A) At any time ► Explain: _____

B) Intermittently ► Explain: _____

B. Visual deficiency (check off and specify)

Visual acuity:

Far-sight vision with prescription lens (in metrics):

RE _____ LE _____ Both eyes _____

Visual field:

Under 20° ► ☐ RE _____ ☐ LE _____

Over 20° ► ☐ RE _____ ☐ LE _____

C. Epilepsy

Indicate if the condition is under control with medication:

☐ No ► No medication succeeds in fully controlling seizures. Specify: _____

☐ Yes _____

☐ Partially under control ► Specify since when: _____

Give specifics on the nature of seizures (types and signs) and any side effects of medication (if applicable):

Do particular situations provoke seizures? Yes ► Specify: _____

If the person has severe seizures (with unconsciousness or convulsions), state how many times weekly on average these seizures occur:

If applicable, explain how the person's safety is compromised during travel: _____

D. Severe and persistent mental health problems (complete Section F also, if applicable)

Are the person's disabilities controlled with medication?

☐ No ► Specify: _____

☐ Yes _____

E. Cognitive disorders (complete Section F also, if applicable)

Specify if the person has cognitive problems (e.g., understanding, judgment, memory).

F. Behaviour problems

In a transportation situation, could the person exhibit a behaviour problem (impulsiveness, aggressiveness, self-mutilation, runaway risk, etc.) that could be detrimental to his or her own safety or to that of other passengers, of which the carrier should be informed if the person is declared eligible for paratransit?

☐ No

☐ Yes ► Indicate the nature of the problem and how it manifests itself: _____

► Indicate the kind of situation that could lead to a transit-related behaviour problem: _____

G. Communication problems

Can the person communicate?

☐ Verbally

☐ Using signs

☐ With major speech problems

☐ Using gestures

☐ No communication ► Specify: _____

☐ Other ► Specify: _____

6**A. Do the person's limitations require the use of one of the following mobility aids to facilitate travel on paratransit?**

☐ None ► Go to Question 7.

☐ Walker ► ☐ folding ☐ non-folding

☐ Rolling walker

☐ Cane ► Specify the type: _____

☐ Crutches

☐ Guide dog or assistance dog (certified by a recognized school)

☐ Three-wheeled scooter or four-wheeled scooter

☐ Wheelchair ► ☐ motorized

☐ manual (rigid)

☐ manual (folding)

☐ Other ► Specify: _____

B. Must the person use this aid?

☐ All the time

☐ Occasionally

Specify: _____

C. Can the person using a manual wheelchair perform a self-transfer to the seat of a vehicle?

☐ No, even with someone's assistance

☐ Yes, without help

☐ Yes, with someone's assistance

D. Does the person require bottled oxygen during paratransit travel?

☐ No

☐ Yes

7**If the applicant is declared eligible for paratransit, will the help of someone on board the vehicle be needed in light of the person's disabilities?**

☐ No

☐ No, not if certain measures are taken to alleviate behaviour problems during travel.

► Explain: _____

☐ Yes, temporarily during a period of familiarization of: _____

☐ Yes, all the time. ► Reason: _____

8 Has the person been registered for a course in orientation and mobility, a learning or familiarization process (treatment or behaviour therapy), or to rehabilitation for the purpose of using regular public transit?

☐ No, because:

☐ The person does not have the potential. ► Explain: _____

☐ The person has the potential, but there is no regular public transit in the municipality.

☐ Other ► Specify: _____

☐ Yes, supervised by: _____ Telephone: _____

Name of facility: _____

Start date: _____ Probable duration: _____ End date: _____

If this initiative proved fruitless, explain the reasons:

9 **A. Could the person use regular public transit for some travel without accompaniment?**

☐ No ► Reason: _____

☐ Yes, for all trips.

☐ Yes, except in certain situations. ► Specify: _____

☐ Yes, for certain particular trips. ► Specify the origin and destination of those trips:

Origin

Destination

B. Could the person use regular public transit when accompanied?

☐ No ► Explain: _____

☐ Yes

10 The information contained in this document concerning the diagnosis and assessment of disabilities comes from:

☐ An assessment of the applicant. ► Specify the type of assessment, if applicable: _____

☐ The applicant's record: ☐ Diagnosis ► Specify the date: _____

☐ Assessment of disabilities ► Specify the date: _____

☐ Other ► Specify: _____

11 How long have you been treating or providing services to that person?

This form was filled out by:

Family name, first name: _____

Position: _____

Telephone: _____ Prof. licence No. (if any): _____

Stamp or seal of
the professional
or facility

Stamp or seal

I certify that the information provided on (indicate first and family name) Mr. _____ or

Ms. _____ is accurate. I understand that a false statement could lead to the rejection of the applicant eligibility application or the withdrawal of paratransit eligibility.

Signature required

Date (YYYY-MM-DD)

You may append additional information you deem necessary in support of this attestation.

THE CONTENT OF THIS FORM IS PRESCRIBED BY THE MINISTÈRE DES TRANSPORTS DU QUÉBEC.

Ministère des Transports