Mandatory Attendants on Local and Commuter Transit

- Mandatory attendants are allowed to ride for free on Local and Commuter Transit when accompanying a person requiring support.
- A Mandatory Attendant is defined as a mentally competent person of legal age (18+ years) who is responsible for the actions and assistance of a transit passenger that requires assistance due to a medical condition and/or behavioural concern.
- Persons requiring support are required to complete the attached needs assessment form. If it is
 deemed that the applicant requires a mandatory attendant, a registration card will be provided to the
 applicant.
- The person requiring support must carry their registration card while using Local and Commuter Transit in the event a transit driver requests to see it.
- The person requiring support is required to pay the transit fare and the mandatory attendant rides for free when accompanying them.







Needs Assessment for Applicants Requiring a Mandatory Attendant while using Local and Commuter Transit

Instructions:

- All applicants must complete parts A, B, & C.
- Part D must be completed by a health care practitioner familiar with your case.
- Please submit the scanned application forms to ats@stonyplain.com
 Or drop off or mail the completed application forms to:
 Town of Stony Plain Attn: ATS Coordinator

Town of Stony Plain Attn: ATS Coordinat 4905 51 Avenue, Stony Plain T7Z 1Y1

Par	t A: Personal Information		To be completed by the applicant					
1	Name:							
	Surname	First Name		Middle Name				
2	Birth Date: dd dd	уууу	3 Gender:	M F				
4	Address:		Postal Code					
5	Phone: Home	Work	Cell _					
6	Email Address							
Par	t B: Additional Information		To be completed by the applicant					
Please provide any additional information that may be relevant to this application:								
Part C: Signature & Date			To be completed by the applicant					
I he	rby declare that the information provide	d above is true and corre	ectly represents m	ny condition.				
Арі	olicant's Signature		Date					

The personal information on this form is collected under the authority of section 33 of the Freedom of Information and Protection of Privacy Act and shall be used only for the purpose for which it was collected. If you have any questions about the collection, contact the FOIP Coordinator at (780) 963-2151.







Needs Assessment for Applicants Requiring a Mandatory Attendant while using Local and Commuter Transit

Part D: Needs Assessment for Applicants with a Disability (To be completed by a Health Care Practitioner)

This form must be completed in full and signed by a qualified health care practitioner familiar with the Applicant's disability (i.e. medical doctor, registered nurse, registered psychiatric nurse, occupational therapist, physical therapist or rehabilitation practitioner).

1. What is the nature of the applicant's functional impairment or disability and how does it specifically restrict their ability to use a public transit vehicle?								
2. The disability is: Permanent		Temporary						
If temporary, please specify length of time that service is required, i.e. weeks/months								
Transit drivers must concentrate on the safe operation of the vehicle and cannot provide supervision to those who require constant or frequent attention because of medical or behavioural reasons.								
Can applicant be left alone at their destinat	ion bus stop?	Yes	No					
In your opinion, should the applicant be rec	quired to trave	I with an attendant?	Yes	No				
PLEASE NOTE: If "yes" the applicant must always travel with an attendant when using Local and Commuter Transit. Mandatory attendants ride for free on Local and Commuter Transit when accompanying a person requiring support.								
NEEDS ASSESSMENT AUTHORIZATION - I have knowledge and opinion, I, the undersigned, re Attendant while using transit services.		• •						
Print name and title	Date	Signature		Phone				
Agency Affiliation (if any)	Address							





