



# PARATRANSIT ELIGIBILITY REQUEST

## ELIGIBILITY CRITERIA

1. Be a disabled person, meaning, “a person with a **deficiency** causing a **significant and persistent disability**, who is liable to encounter **obstacles** in the performance of everyday activities.”
2. In terms of mobility, have difficulties that justify the use of a paratransit service.

**As such, a temporary limitation (such as a broken leg or cancer) is not justification for eligibility for paratransit service.**

You can consult the Paratransit Eligibility Policy on the Ministère des Transports website at [www.mtq.gouv.qc.ca](http://www.mtq.gouv.qc.ca), in the “Modes de transport utilisés” section, under the “Transport adapté” tab.

## INSTRUCTIONS

**Part 1 - General information :** To be filled out by the **applicant**.

**Part 2 - Attestation of disability :** To be filled out by a **health professional**, depending on the applicant’s diagnosis.

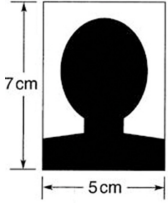
*See the table below as a guide.*

## TYPES OF DIAGNOSES

<p><b>Motor or organic impairment, for people who use a wheelchair permanently :</b> Physician, occupational therapist, physiotherapist, physiatrist, or physical rehabilitation therapist.</p>	<p><b>Intellectual impairment :</b> Special education teacher, psychoeducator, psychologist, or social worker (if not registered with a rehabilitation centre for intellectual impairments (CRDI)).</p>
<p><b>Class, stage, level, i.e., pulmonary, cardiac, Parkinson’s, Alzheimer’s, TBI, or other :</b> Specialist physician, occupational therapist.</p>	<p><b>Visual impairment :</b> Optometrist, orientation and mobility specialist, visual impairment rehabilitation therapist.</p>
<p><b>In all other cases :</b> Occupational therapist, physiotherapist, physiatrist, or physical rehabilitation therapist.</p>	<p><b>Psychological impairment :</b> Occupational therapist, nurse, or social worker, working in the field of psychological impairments.</p>

**Make sure to attach the following to your application:**

1. The original form duly completed and signed by a health professional.
2. One (1) recent (less than 6 months) passport-sized photo of the applicant (5 cm x 7 cm).



**Write applicant's name on reverse**

3. A cheque or money order payable to the Réseau de transport de Longueuil, or cash in return for issue of the paratransit eligibility card (mandatory).

**For children age 0-11**, the paratransit eligibility card is free.

**For children age 12-16**, the cost is \$15.

**For students age 17 and up**, the cost is \$15; proof of school registration is required.

**For clients under age 65**, the cost is \$6.

**For clients age 65 and over**, the cost is \$15.

Please send the completed email subscription form as well as the admission form request to paratransit, a photo and the payment of the card, to the following address:

**Réseau de transport de Longueuil  
Paratransit service  
1150 Marie-Victorin Blvd., Longueuil, QC J4G 2M4**

**SUBSCRIPTION FORM TO RTL INFORMATION AND PROMOTION EMAILS**

\* Required Field

Email address * :	
Given name * :	Family name * :
Paratransit customer number * :	
Gender * : <input type="checkbox"/> Female <input type="checkbox"/> Male	
City of residence :	
<input type="checkbox"/> Sign me up to receive RTL emails and newsletters.	

RTL complies with the Privacy and Security of Personal Information Policy. You can unsubscribe at any time.



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 an 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 an application is for the sole use of the eligibility committee.

**SECTION 1**

**PRINT (REQUIRED)**

**Information on the applicant**

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			Area code			Number				Area code			Number				Extension							
Home										Work														
Cell			Area code			Number				Area code			Number				Fax							
Email address																								
Date of birth			Year			Month			Day			Gender					Weight				Height			
												<input type="checkbox"/> Female <input type="checkbox"/> Male												
Language spoken										Other means of communication														
<input type="checkbox"/> French <input type="checkbox"/> English <input type="checkbox"/> Other, specify : _____										Specify :														

**SECTION 2**

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

**1 Why are you making an application for paratransit eligibility?**

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**2 Is there regular transit service in our municipality?**

- No  Yes ► If **yes**, are you able to use it?  
 No ► State the reasons for that inability \_\_\_\_\_  
\_\_\_\_\_  
 Yes \_\_\_\_\_  
 Do not know

**3 If you are declared eligible for paratransit will you need the help of someone on board the Vehicle (for example: for the repositioning) during your trip?**

- No  Yes ► If **yes**, what kind of assistance? \_\_\_\_\_  
\_\_\_\_\_

**4 A. If you are declared eligible for paratransit, will you require the use of mobility aids during your transportation with paratransit?**

- No  Yes

**B. Specify the aid (s) required.**

- Walker ►  folding  non-folding  Three-wheeled scooter or four-wheeled scooter  
 Rolling walker  Wheelchair ►  motorized  
 Cane ► Specify type: \_\_\_\_\_  manual (rigid)  
\_\_\_\_\_  manual (folding)  
 Crutches  Other ► Specify : \_\_\_\_\_  
 Guide dog or assistance dog  
(certified by a recognized school) \_\_\_\_\_

**C. Specify the aid that you will most frequently use:**

\_\_\_\_\_  
\_\_\_\_\_

**D. Do you require bottled oxygen during your transportation with paratransit?**

- No  Yes

**5 Do you have dependent children under age 14?**

- No  Yes ► State the name and date of birth of each

Family name	First name	Date of birth		
		Year	Month	Day
_____	_____	_ _ _	_	_
_____	_____	_ _ _	_	_
_____	_____	_ _ _	_	_

### SECTION 3

#### References and signature

<b>1 Is there a professional <u>other than the one completing the attestation of disability</u> (part 2 of the form) the eligibility committee could reach, if necessary, to facilitate the study of your application?</b>									
Family name					First name				
Position					Name of facility (if any)				
Telephone		Area code		Number		Extension		Prof. licence no. (if any)	

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

<b>3 Person to contact in case of emergency.</b>											
Family name					First name						
Telephone		Area code		Number		Area code		Number		Extension	
Home						Work					
Cell		Area code		Number		Relationship to applicant					
Name of facility (if applicable)											

#### **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)
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*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 of a condition resulting in 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
- within a year \_\_\_\_\_
- longer than a year \_\_\_\_\_

### 3 Does the applicant have one 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 of behavior 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 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 age six.
- When the trip is unfamiliar, overly complex or involves a dangerous intersection.
- Only when the applicant travels for hemodialysis.
- In certain situations of intermittently. ► Specify : \_\_\_\_\_

**5 Questions that are specific to certain impairments of 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 of 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:**

**Visual field:**

Far-sight vision with prescription lens (in metrics) : Under 20° ►  RE  LE \_\_\_\_\_

RE \_\_\_\_\_ LE \_\_\_\_\_ Both \_\_\_\_\_ 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 :

\_\_\_\_\_

Explain how the person's safety is compromised during travel, if so : \_\_\_\_\_

\_\_\_\_\_

**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 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)
- None ► Specify : \_\_\_\_\_

**B. Must the person use this aid?**

- All the time       Occasionally
- Specify: \_\_\_\_\_

**C. Can the person using a manual wheelchair performed 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 bottle oxygen during paratransit travel?**

- No       Yes

**7 If the applicant is declared eligible for paratransit, will the particular 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 appropriate \_\_\_\_\_
- 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: \_\_\_\_\_ Stamp or seal of the professional or facility > Stamp or seal

Position : \_\_\_\_\_

Telephone : \_\_\_\_\_ Prof. Licence (if any) : \_\_\_\_\_

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 Person's eligibility application or the withdrawal of paratransit eligibility.

\_\_\_\_\_  
Signature required Date (AAAA-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.**