



North Bay Parabus Application

Phone: 705-476-5530 - Fax: 705-476-5308

190 Wyld Street North Bay, ON P1B 1Z2

The Parabus Service is a pre-booked curb-to-curb shared ride transportation service operated exclusively for approved persons who cannot access conventional transit. As a curb-to-curb service, staff will attempt to get as close to the requested drop off point as possible free of safety hazards, barriers, or access restrictions.

Service Areas

North Bay Transit Parabus services the same area North Bay Transit services and only within the Urban Boundaries of North Bay.

Eligibility

Applicants must reside in the City of North Bay and have a disability that prevents them from accessing conventional transit, equipped with accessibility features. Conventional transit has many accessibility features including but not limited to:

- Priority seating marked for persons with disabilities
- Electronic pre-boarding announcements
- Automated next-stop announcement system
- Visual next-stop display
- High colour-contrasted steps
- Bus kneeling feature
- Accessible ramps
- Low floor vehicles

Eligibility is considered on a case-by-case basis. Disability alone does not determine eligibility for specialized transit as many individuals with disabilities can access conventional transit. Eligibility is determined by the applicants ability to access conventional transit and not by a diagnosis. Unavailability of conventional transit service in an applicant's area does not constitute eligibility. Parabus is not for those who find it more difficult or are unwilling to use conventional transit.

Specialized transit does not offer care nor does it provide attendant services. Passengers whose disabilities require specific assistance or transportation need to contact a non-emergency medical carrier for transportation or provide the appropriate attendant themselves.

Attendants/Support Person

An attendant accompanies a person with a disability to help with communication, mobility, navigation, personal care, access to goods, services or facilities. Passengers are responsible for supplying their own attendant or support person who is capable of providing the required assistance. Customers requiring attendants, as confirmed by the approved application must ensure that the attendant is present for all trips on the service.

Appeals

Applicants wishing to appeal decisions on eligibility can submit the request for appeal in writing to North Bay Parabus or the Manager of North Bay Transit.



North Bay Parabus Application Form

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Applicant Information

Surname: _____

First Name: _____

Address: _____

Postal Code: _____

Telephone: _____

Date of Birth: DD _____ / MM _____ / YY _____

Emergency Contact/Next of Kin/Guardian: _____

(H): _____

(W): _____

Do you require any of the following?

Wheelchair (Manual) Wheelchair (Electric) Wheelchair (Over-Sized)

Walker (Manual) Walker (Wheeled) Scooter

Cane White Cane Crutches

Service Animal Hearing Aid Prostheses

Communication Board Other (Please Specify) _____

Does your wheelchair/scooter have a lap belt? Y _____ / N _____

*4-Wheel Scooters only and the client must be able to transfer from the scooter into a seat.

Are you able to ride in a regular car? Y _____ / N _____

Are you able to ascend and descent stairs? Y _____ / N _____

The following questions must be completed by an attending Physician, Physiotherapist, Treating Clinician, or Occupational Therapist. Unanswered questions will result in an incomplete application.

1. Please describe the applicants disability:

2. Would the applicant be able to physically board a conventional transit bus? (Please describe)

3. Are there other conditions or factors that would prevent the applicant's safe use of conventional transit? (Please describe)

4. Does the applicant have special health care needs of which the transportation service provider should be aware of? (Please describe)

Support:

1. The applicant is able to independently recognize the destination or seek assistance if they are at the wrong location. Y ____ / N ____
2. The applicant can locate and navigate to a Parabus in an unfamiliar environment without assistance? Y ____ / N ____
3. The applicant is able to independently access their home and other facilities in which they will be requesting transportation (ie: unlock doors, navigate facility ramps, stairs, etc.). Y ____ / N ____
4. The applicant is able to independently present fare for payment. Y ____ / N ____
5. The applicant is able to independently respond to personal care or medical needs (ie. Administer medication) if it is likely to be required during transportation. Y ____ / N ____
6. Does the applicant have a risk of exiting the vehicle and wandering? Y ____ / N ____
7. Other reason why applicant may require an attendant: _____
8. Applicant is able to remain on a vehicle for up to one hour and travel alongside other passengers? Y ____ / N ____
9. Applicants combined weight with the personal mobility device (ie wheelchair) is less than 700lbs (317 Kg)? Y ____ / N ____
10. Does the applicant have any behavioural concerns that pose a safety risk to themselves or others on board the vehicle? Y ____ / N ____

Eligibility duration	Check one	End date (if needed)/Notes
Unconditional Eligibility: long term with no expectation of improvement	<input type="checkbox"/>	
Temporary Eligibility: expected duration until,	<input type="checkbox"/>	
Conditional Eligibility: applicants condition prevents ability to access conventional transit under certain conditions	<input type="checkbox"/>	

- I understand that this is not an attendant-care transportation service. Y ____ / N ____
- I understand that this is only a curb-to-curb transportation service. Y ____ / N ____
- It is my professional opinion that the applicant's disability cannot be accommodated on conventional public transit but can be accommodated on specialized public transit.
Y ____ / N ____

My relationship to the applicant:

Attending Physician
Physiotherapist
Treating Clinician
Occupational Therapist

Attending Physician, Physiotherapist, Treating Clinician, or Occupational Therapist name:

Attending Physician, Physiotherapist, Treating Clinician, or Occupational Therapist signature:

Telephone: _____

Date: _____

For applicant

Consent

I, _____ consent to the Transit Operator contacting my Health Care Professional for additional information or clarification if it is required regarding the information recorded above.

Applicants signature: _____

Date: _____

For internal use only

Approval: Y ____ / N ____

Date Approved / Not Approved: _____

Temporary Expiry Date: _____

Signature: _____