



## Freedom Express General Application Form

Freedom Express is the door-to-door, accessible, shared ride transit service for Hinton residents who cannot use regular transit for some or all trips due to a physical or cognitive disability. Service is available for children with disabilities. Children requiring transportation for school-related trips (grades K-12) should contact their local schoolboard.

Name: \_\_\_\_\_

Surname

First Name

Middle Name

1. Have you registered with Freedom Express (formerly Handibus Service) before?  No  Yes

2. Mailing Address: \_\_\_\_\_

Located in Hill / Valley / Other (Circle One)

Pick-up Address (if different from above): \_\_\_\_\_

Front or back entrance: \_\_\_\_\_ is this entrance accessible (1 step or less)?  Yes  No

Please indicate whether the above address is a:

Private Residence

Seniors Residence/Lodge

House

Supportive Living

Townhouse

Continuing Care or Facility Living

Condo/Apartment

3. Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_ Fax and/or Email: \_\_\_\_\_

4. Date of birth (year/month/day): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender:  M  F

**Date Received:** \_\_\_\_\_ **Date Processed:** \_\_\_\_\_

### ELIGIBILITY:

**APPROVED**  **NOT APPROVED**  **CONDITIONS** \_\_\_\_\_ **INITIALS:** \_\_\_\_\_

5. List two people we can contact in an emergency (24 hours a day):

Name: \_\_\_\_\_  
Ph. (home): \_\_\_\_\_  
Ph. (work): \_\_\_\_\_  
Email: \_\_\_\_\_  
Relationship to applicant: \_\_\_\_\_

Name: \_\_\_\_\_  
Ph. (home): \_\_\_\_\_  
Ph. (work): \_\_\_\_\_  
Email: \_\_\_\_\_  
Relationship to applicant: \_\_\_\_\_

6. Which primary mobility aid(s) do you use when traveling in the community: (check all that apply)

- None
- Walking Cane
- Interpreter/Intervener
- Service Animal
- Long White Cane
- Communication Devices
- Personal Attendant
- Crutches
- Hearing Aid
- Leg Braces
- Walker \*
- Manual Wheelchair \*
- Prosthesis
- Collapsible Walker \*
- Powered Wheelchair \*
- Oxygen Tank
- Scooter \*
- Other: \_\_\_\_\_

\*Provide the outside dimensions of mobility aid: \_\_\_\_\_

\*Combined weight of passenger & mobility aid:  Less 800 lbs or  More than 800 lbs?

*Note: All mobility aids must be kept in good condition, or they cannot be accommodated on Freedom Express. If Freedom Express cannot properly secure your mobility aid, we may not be able to provide you with service. Freedom Express vehicle wheelchair lifts measure 30" x 50" (76 cm x 127 cm.) Equipment larger than this cannot be accommodated. The combined weight of the passenger and mobility aid must not exceed 800 lbs.*

7. Will you require a mandatory attendant for medical or behavioral reasons when you are traveling in the Freedom Express vehicle?

No  Yes – Explain: \_\_\_\_\_

*Note: Registrants displaying unacceptable behavior that affects other passengers and/or the operator will be required to always ride with an attendant. Mandatory Attendant designation is for clients who require supervision ON the vehicle, not at their destination or to assist with parcels, etc.*

8. Can you be left alone at your destination?  Yes  No

*If a mandatory attendant is required, the registrant will not be able to book any trips for travel without a mandatory attendant. This applies to all trips.*

Explain: \_\_\_\_\_

9. Can you be left alone at home?  Yes  No

Explain:

If you answered No to one of these questions, you must provide a contact and address (preferably nearby) as alternate to drop you off at:

Contact name: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Alt Phone/Email: \_\_\_\_\_

10. Please provide any additional information that may be relevant to this application: \_\_\_\_\_

*Note: Correct use of a securement safety system (wheelchair) and seat belt assemblies (passenger) is mandatory and a condition of use while traveling on Freedom Express. All Freedom Express registrants are required to wear a seatbelt/shoulder strap, unless they have a medical exemption stating that they are unable to due to health reasons. If you are unable to wear a seat belt/shoulder strap, please include a medical exemption with this application.*

Destination	Time	Day	Location	Pick Time	Return Time
1.					
2.					
3.					

11. Service Start Date: \_\_\_\_\_

12. Is this service expected to be:  Only Once  Occasional  Long Term (Check correct choice)

I hereby declare that the information provided above is true and correct and represents my condition.

Applicant signature: \_\_\_\_\_ Date \_\_\_\_\_

**Additional Information To Share With Client:**

1. Freedom Express cell number: (780) 817-0498 to book or cancel trips.
2. 24-hour advance booking required.
3. Same day bookings are not guaranteed.
4. Clients should be ready for pick up 5 minutes before scheduled pick up.
5. Punch Cards may be purchased at all Seniors Centre, Adult Day Program, Recreation Centre, Guild and Civic Centre. Only punch cards accepted for travel – no single ride cash fares.
6. Freedom Express punch cards may be used on public transit.
7. No refunds on punch cards.
8. Keep receipts to claim federal personal income tax.
9. Type of fares \$70.00 punch card - 30 trips and \$30.00 punch card - 10 trips.
10. One free trip for new clients to try service. Pass available at FCSS office only.

11. Copies of operating schedule & fact sheet should be provided to all new registrants.

**Indicate who completed this form.**

If you completed it yourself, sign here:

I hereby declare that the information provided above is true and correct and represents my condition.

▶ Applicant signature \_\_\_\_\_ Date \_\_\_\_\_

If someone else completed the form, please indicate below (advocate, guardian or health/social service practitioner completing the form for applicant).

Name (print): \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Professional Qualifications: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

▶ Signature \_\_\_\_\_ Date \_\_\_\_\_