



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 aged who qualify. Children requiring transportation for school-related trips (grades K-12) should contact their local school board.

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

House

Townhouse

Condo/Apartment

Seniors Residence/Lodge

Supportive Living

Continuing Care or Facility Living

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
- Leg Braces
- Service Animal
- Personal Attendant
- Communication
- Long White Cane
- Crutches
- Interpreter/Intervener
- Hearing Aid
- Oxygen Tank
- Prosthesis
- Powered Wheelchair
- Collapsible Walker *
- Manual Wheelchair *
- Scooter *
- Walker *
- 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 repair 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 ride with an attendant at all times. 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. Drivers cell number (780)817-0498 to book or cancel trips
2. 24 hour advance booking required
3. Same day booking's are not guaranteed
4. Clients should be ready for pick up 5 minute before schedule pick up
5. Fares may be purchased at all Seniors Center's, Adult Day Program, Recreation Center, Guild and Civic Centers
6. Freedom Express fares maybe used on public transit
7. No refunds on fares
8. Keep receipts to claim federal personal income tax
9. Type of fares \$70.00 Pass -30 trips. \$30.00 punch card-10 trips
10. One free trip for new clients to try service
11. Copies of 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 _____

Note: By accepting a DATS registration number, the registrant is agreeing to all the terms and conditions of the use of DATS.

The information in this form is collected under the authority of Section 33 (c) of the Freedom of Information and Protection of Privacy Act and will be used by DATS for processing of this form and to determine eligibility for DATS services. Information collected on this form may also be used by ETS or DATS for statistical, research or transit training purposes, to improve service in the ETS/DATS program. The data is protected from unauthorized use and/or disclosure by the privacy provisions of the FOIP Act. If you have any questions, contact DATS Customer Care Centre at 780-496-4567, option 3. (Updated 11/2012)

If a third party (e.g. legal guardian) needs to be copied on your correspondence with DATS, please indicate: same as directly above OR indicate contact below:

Name: _____

Address: _____

Phone: _____