

Instructions

Introduction

The Toronto Transit Commission (TTC) operates and maintains a public transit system within and around the City of Toronto. The system consists of both conventional and specialized transportation services (Wheel-Trans).

Wheel-Trans provides a safe and reliable transportation option for persons with disabilities to travel with freedom and dignity. Applicants may be eligible for Wheel-Trans service if their disability prevents them from using TTC's conventional transit for all or part of their trip. Disabilities may be permanent and/or temporary and are those identified in the Ontario Human Rights Code including, but not limited to physical, sensory, cognitive and mental health disabilities.

Categories of Eligibility

Wheel-Trans offers three categories of eligibility consistent with the *Integrated Accessibility Standards Regulation (IASR O. Reg. 191/11)* and the *Accessibility for Ontarians with Disabilities Act (AODA) 2005*.

- **Unconditional** - A person with a disability that prevents them from using conventional transit.
- **Conditional** - A person with a disability where environmental or physical barriers limit their ability to consistently use conventional transit. An applicant who qualifies for conditional service may be able to use conventional transit for all or part of their trip, but may also qualify for specialized transit under specific circumstances (e.g., weather, travel to a non-accessible location).
- **Temporary** - A person with a temporary disability that prevents them from using conventional transit. An applicant who qualifies for temporary service requires specialized transit for a defined period of time.

Helpful Definitions:

- **Conventional transportation services** (conventional transit) means fixed route service on buses (including community buses), streetcars and subways (including light rail/rapid transit). A significant part of TTC's conventional transit is currently accessible. The remainder will be accessible by 2025.
- **Specialized transportation services** (specialized transit) means pre-arranged door-to-door service, and/or service to and from conventional transit for registered users.
- **Family of services** means combined conventional transit and specialized transit for people with disabilities.

Instructions

How to Apply for Wheel-Trans Service

The Wheel-Trans eligibility application form (the application) is available on www.ttc.ca/wheeltrans or by calling 416-393-4111. Alternative accessible formats are available upon request.

Persons who believe they qualify for and are interested in becoming Wheel-Trans customers should complete and sign the application. To ensure a fast and seamless application process, be sure to complete the application in full. Incomplete forms may be returned to the applicant for completion.

The Application

Section A contains questions about your everyday mobility and ability to use conventional transit and is completed by you/your representative. **Section A** also requests that you to certify that the information you/your representative have provided to Wheel-Trans is correct.

Section B is your consent to have your health care professional(s) contacted for additional information or clarification if requested.

Section C is completed by your health care professional(s) and requests your health care professional(s) to certify that the information they have provided to Wheel-Trans is correct. If you require more than one health care professional to complete the form, make copies of **Sections B and C**.

Section D is completed by you/your representative and allows Wheel-Trans to share your information with other transit properties within the Greater Toronto and Hamilton (GTHA) area should you wish to travel in other Regions.

Section E is to be completed if you wish to apply for the TTC Support Person Assistance Card. Some Wheel-Trans customers require additional assistance when travelling, and need a support person to travel with them. Under the TTC support person policy and the AODA, a support person is one "who accompanies the person with a disability to help with communication, mobility, personal care or medical needs or with access to goods, services or facilities". Wheel-Trans operators are unable to provide the service of a support person because they are focusing on what they do best; delivering safe and reliable transportation. If you require a support person, one has to be provided by you. If you wish to apply for a card at the same time as you submit your application, complete **Section E** along with your healthcare professional.

In-person Functional Assessments

Wheel-Trans is committed to providing a fair and objective eligibility process for all our applicants. To ensure we correctly match our transit services to your abilities, you may be requested to attend a functional assessment to learn more about your abilities in performing activities related to travelling on transit. Your category of eligibility will be based on the information provided in your application and the results of a functional assessment (if required).

Appeal Assessment

Wheel-Trans is obligated to assess all applicants and determine the correct category of eligibility based on individual abilities. We strive to provide a fair and objective eligibility process resulting in the best level of service for you. However, should you disagree with the eligibility decision; you may wish to request an independent appeal to have the decision reviewed. Additional information on the appeal process, as well as required forms, can be found on TTC's website at www.ttc.ca/wheeltrans or by calling Wheel-Trans Customer Service 416-393-4111.

Instructions

Applicant's Responsibilities

- Fully complete **Sections A and B** of application
- Have your health care professional(s) complete **Section C**
- Complete **Section D** if you wish to travel to destinations outside Toronto but within the GTHA
- Complete **Section E** if you wish to submit your request for a TTC support person assistance card with your Wheel-Trans application
- Photocopy the entire application for your records
- Cover any costs incurred for completing this application or for obtaining additional information

Wheel-Trans Responsibilities

- Ensure each application received has been completed in full and contact the applicant if any information is missing
- Always balance the abilities of the customer with the types of transit services available
- Objectively review each application and notify applicant in writing of decision
- Contact the applicant if submission of application results in a request for an assessment
- Provide the opportunity to an independent appeal process should the applicant disagree with the eligibility decision

For questions contact us at WTEligibility@ttc.ca or 416-393-4111

Completed applications should be sent by one of the following methods to the attention of Wheel-Trans Application:

- By mail: 580 Commissioners Street, Toronto, Ontario, M4M 1A7
- Email: WTEligibility@ttc.ca
- Fax to: 416-338-0126

Personal Information and Privacy

All Wheel-Trans vehicles are equipped with mounted video cameras. Images from these cameras may be used for the purpose of confirming eligibility for Wheel-Trans service. Any of your personal information collected by video cameras on Wheel-Trans vehicles and through the eligibility application process is collected under the authority of the *City of Toronto Act*, 2006 c.11, Schedule A, the *Occupiers Liability Act*, c.O.2, including but not limited to Part XVII, and the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c M.56. This information is also subject to TTC's Privacy Policy and will be used for determining eligibility for Wheel-Trans service.

Any questions about this collection can be directed to:

- By mail: The Coordinator, Freedom of Information/Records Management
1900 Yonge Street, Toronto, ON, M4S 1Z2
- Phone: 416-393-4000

Wheel-Trans Eligibility Application

Is this a renewal application?

☐ Yes ☐ No

Section A: Application Information

Personal/Contact Information

Surname (last name)

First name(s)

Preferred Salutation (optional)

Date of Birth (YYYY/MM/DD)

Home Address

Street

Apartment/Unit

City or Town

Province

Postal Code

Phone (preferred number) *

(alternate number)

TTY/TDD number (for people who are deaf, deafened or hard of hearing)

Email address

* Wheel-Trans will contact you in the event of a service delay of 30 minutes or more

Mailing Address

Street

Apartment/Unit

City or Town

Province

Postal Code

Authorize a Representative

If you require another person (such as your spouse/partner, other family member, friend, etc.) to act as your representative for matters relating to this application and/or services provided by TTC/Wheel-Trans, complete the following information.

Name of Representative

Relationship to Applicant

Is your representative filling out this application?

☐ Yes

☐ No

Are you authorizing this person to represent you in all matters related to services?

☐ Yes

☐ No

Signature of Applicant

Name of Applicant (please print)

Date (YYYY/MM/DD)

Wheel-Trans
Eligibility Application

Section A: Application Information

Emergency Contact Information

Wheel-Trans has a duty to ensure the safety of all of our customers. In the event of an emergency where your health and well-being is at risk, we request to have additional contacts on file. Please provide us with up to three emergency contacts.

Name (first contact)

Relationship to Applicant

Phone Number(s)

Name (second contact)

Relationship to Applicant

Phone Number(s)

Name (third contact)

Relationship to Applicant

Phone Number(s)

OFFICE USE ONLY

Date Application Received

Applicant Name

Registration Number

Reviewer Name

Eligibility Decision

Wheel-Trans

Eligibility Application

Section A: Application Information

Questions

1. Do you currently use any of the following?

Check all that apply.

☐ TTC bus
☐ TTC subway
☐ TTC streetcar
☐ TTC Wheel-Trans
☐ TTC Community bus
☐ Other (specify): _____

2. Please identify any disability conditions that affect your ability to travel on conventional transit?

Disability Condition(s)	Always affects my ability	Sometimes affects my ability	Explain how and why this disability condition affects your ability to travel on conventional transit
Physical	☐	☐	
Sensory	☐	☐	
Mental Health	☐	☐	
Cognitive	☐	☐	
Other	☐	☐	

3. Is your ability to travel on conventional transit impacted by any of the following seasonal conditions?

Check all that apply.

	Always	Never	Sometimes	If always or sometimes, explain why
Extreme cold	☐	☐	☐	
During or after ice and snow	☐	☐	☐	
Extreme heat	☐	☐	☐	

Wheel-Trans Eligibility Application

Section A: Application Information

4. Do you need a support person to travel on conventional transit or Wheel-Trans?

Note: A support person is someone who assists an individual with a disability with communication, mobility, personal care/medical needs or with access to goods, services or facilities. The support person should be capable of meeting the needs of the individual with a disability during travel and/or at their destination. If the applicant requires a support person when travelling on TTC or Wheel-Trans, they have to provide their own.

	Always	Never	Sometimes	If always or sometimes, explain why
Conventional Transit	☐	☐	☐	
Wheel-Trans	☐	☐	☐	

5. Do you currently use any of the following assistive devices?

Check all that apply.

☐ No device
☐ Brace(s)
☐ Cane(s)
☐ White cane
☐ Crutch(es)
☐ Service animal
☐ Communication device(s)
☐ Oxygen tank (specify measurements, if known): _____
☐ Prosthetic(s)
☐ Scooter:
 Dimensions (in inches or centimeters, if known): _____
 Combined weight with applicant: _____
☐ Less than 800 lbs/318 kg ☐ More than 800 lbs/318 kg
☐ Walker/Rollator (specify type): _____
☐ Wheelchair
 Type: ☐ Motorized ☐ Manual (non-foldable) ☐ Manual (foldable)
 Dimensions (in inches or centimeters, if known): _____
 Combined weight with applicant: _____
☐ Less than 800 lbs/318 kg ☐ More than 800 lbs/318 kg
☐ Other: _____

Note: Conventional transit bus ramps are 32 inches wide (81cm). Wheel-Trans bus ramps are 32 to 34 inches wide (81-86cm). All assistive devices must be kept clean and in good repair as Wheel-Trans may not be able to provide service if your assistive device cannot be properly secured.

Wheel-Trans Eligibility Application

Section A: Application Information

Questions

6. On your own or using an assistive device, can you travel a city block (175 metres/575 feet)?

☐ Always. The maximum number of city blocks I can travel is _____ blocks

☐ Never

☐ Sometimes

If never or sometimes, explain why:

7. Can you get to/from the transit stop/subway station nearest to your home?

☐ Always ☐ Never ☐ Sometimes

If always, are you using this transit stop/station?

☐ Yes ☐ No

If never or sometimes, explain why:

8. Can you wait at a transit stop/subway station for a bus, streetcar and/or subway?

☐ Always ☐ Never ☐ Sometimes ☐ If there is seating

If never or sometimes, explain why:

9. Can you recognize and understand destination and route number signs on transit stops, transit vehicles and in subway stations?

☐ Always ☐ Never ☐ Sometimes

If never or sometimes, explain why:

10. Can you recognize and understand when and where to board and when and where to exit transit vehicles?

☐ Always ☐ Never ☐ Sometimes

If never or sometimes, explain why:

Section A: Application Information

Questions

11. Can you present a fare, take a transfer, tap a pass and/or show proof-of-payment upon request?

☐ Always ☐ Never ☐ Sometimes

If never or sometimes, explain why:

12. Can you transfer transit vehicles and modes (e.g., bus to streetcar, streetcar to subway, etc.)?

☐ Always ☐ Never ☐ Sometimes

If never or sometimes, explain why:

13. Can you independently seek help or assistance if required?

☐ Always ☐ Never ☐ Sometimes

If never or sometimes, explain why:

14. Please provide any additional information you would like us to consider regarding your ability to use conventional transit?

* * * *

Please ensure you have answered all the questions completely.

Forms may be returned to you if:

- There are unanswered questions
- Further explanation is requested

Wheel-Trans
Eligibility Application

Section A: Application Information

I certify that the information provided in the application is true and correct. I understand that providing false, incorrect and/or misleading information could lead to discontinuation of Wheel-Trans service.

Name of Applicant (please print)	Signature of Applicant
	X
Date (YYYY/MM/DD)	

Person completing Section A if other than applicant:

I certify that the information provided in the application is true and correct. I understand that providing false, incorrect and/or misleading information could lead to discontinuation of Wheel-Trans service.

Name of Representative (please print)	Signature of Representative
	X

ADDRESS

Street	Apartment/Unit	
City or Town	Province	Postal Code
Phone	Relationship to Applicant	

* * * *

By signing above, you/your representative agree to advise Wheel-Trans of any changes to your disability(ies), assistive device(s), personal information and/ or if you no longer require Wheel-Trans service.

Wheel-Trans Eligibility Application

Section B: Authorization to Release Personal Health Information

I hereby authorize the following health care professional(s) to complete **Section C**. I also recognize and authorize TTC/Wheel-Trans and its authorized agents/representatives to contact and/or otherwise communicate with my health care professional(s) and to receive additional information, including my personal health information, if additional information, documentation and/or clarification is required to process my application. Finally, I recognize that this information, including my personal health information, will be reviewed by TTC/Wheel-Trans and its authorized agents/representatives for the purposes of determining Wheel-Trans eligibility and/or service delivery options for Wheel-Trans.

Name of Applicant (please print)

Signature of Applicant

Date (YYYY/MM/DD)

Person completing Section B if other than applicant:

Name of Representative (please print)

Signature of Representative

Date (YYYY/MM/DD)

Name of health care professional who may release additional information, documentation and/or clarification including my personal health information:

Name (please print)

Profession

ADDRESS

Street

Apartment/Unit

City or Town

Province

Postal Code

Phone

Date (YYYY/MM/DD)

Wheel-Trans Eligibility Application

Section C: Health Care Professional Information

This section is to be completed by a regulated/licensed health care professional (Physician, Psychiatrist, Physiotherapist, Optometrist, Audiologist, Psychologist, Chiropractor, Occupational Therapist, Speech Language Pathologist, or Registered Nurse) or regulated/licensed MSW (Master of Social Work) according to the nature of the applicant's disability(ies).

* * * *

The applicant is applying for Wheel-Trans service. Wheel-Trans is a shared ride public transit service for persons with disabilities who are unable to use conventional public transit for all or part of their trip. The information you provide will allow Wheel-Trans to evaluate the applicant's eligibility for Wheel-Trans service.

The applicant or their representative has completed **Section A**. Please read **Section A** in its entirety before completing and signing **Section C**. If the applicant is applying for a TTC Support Person Assistance card, please complete the health care portion of **Section E**.

If you require clarification, please contact Wheel-Trans at WTEligibility@ttc.ca or 416-393-4111

* * * *

The applicant has authorized TTC/Wheel-Trans to contact/communicate with you if additional information, including personal health information, documentation and/or clarification is required to process this application.

Name of Applicant (please print)	How long has the applicant been under your care?
----------------------------------	--

1. Which, if any, of the following disability(ies) does the applicant have?
Check all that apply. For temporary disabilities, specify duration in months.

Disability	Permanent	Temporary (Duration)	Episodic/ Sporadic	Frequency
Physical Specify:	☐	☐ _____ months	☐	
Sensory Specify:	☐	☐ _____ months	☐	
Mental Health Specify:	☐	☐ _____ months	☐	
Cognitive Specify:	☐	☐ _____ months	☐	
Other Specify:	☐	☐ _____ months	☐	
None	☐			

Wheel-Trans
Eligibility Application

Section C: Health Care Professional Information

2. Identify and explain the impact of the applicant's disability(ies) (i.e., mild, moderate, severe) on their ability to travel independently in the community.

Impact	Explain
☐ Mild	
☐ Moderate	
☐ Severe	
☐ No Impact	

3. Has the applicant completed any functional assessments, tests, and/or evaluations (e.g., TUG, MOCA) of their disability(ies) in the last 24 months that measure their ability to navigate independently in the community?

☐ Yes ☐ No ☐ Not Applicable

If yes, provide details below.

Date	Name of Test/ Evaluation	Purpose of Test	Results and Impact (Mild, Moderate, Severe)

Is there anything else we should know about the applicant's disability(ies)?

Wheel-Trans Eligibility Application

Section C: Health Care Professional Information

4. Is the applicant currently using any prescribed assistive device(s)?

☐ Always ☐ Never ☐ Sometimes

If always or sometimes, specify device(s):

If only sometimes, describe why:

5. Does the applicant need a support person to travel on conventional transit or Wheel-Trans?

Note: A support person is someone who assists an individual with a disability with communication, mobility, personal care/medical needs or with access to goods, services or facilities. The support person should be capable of meeting the needs of the individual with a disability during travel and/or at their destination. If the applicant requires a support person when travelling on TTC or Wheel-Trans, they have to provide their own.

	Always	Never	Sometimes	If always or sometimes, explain why
Conventional Transit	☐	☐	☐	
Wheel-Trans	☐	☐	☐	

6. Wheel-Trans is a shared ride service. This means that during a ride, Wheel-Trans customers travel with Wheel-Trans operators and other Wheel-Trans customers and passengers. Wheel-Trans vehicles stop at different locations and Wheel-Trans operators must exit the vehicle to pick-up/escort customers. For these reasons, please indicate if the applicant is likely to engage in any of the following behaviour(s)?

	Always	Never	Sometimes	Provide Details (if always or sometimes)
Exiting vehicle and wandering	☐	☐	☐	
Causing harm to themselves	☐	☐	☐	
Causing harm to others	☐	☐	☐	
Making a verbal or physical threat of violence or harm	☐	☐	☐	

Wheel-Trans
Eligibility Application

Section C: Health Care Profession Certification

I certify that the information that I have provided in **Section C** of this application is accurate and current.

Surname (last name)

Given name(s)

ADDRESS

Street

Apartment/Unit

City or Town

Province

Postal Code

Phone

Occupation and Professional Registration Number

Signature

Date (YYYY/MM/DD)

X

Stamp of Registered Health Care Professional

* * * *

If you indicated that the applicant requires a support person (Question #5), please fill out **Section E**.

Wheel-Trans
Eligibility Application

Section D: Authorization to Release Service Delivery Information
to Other Transit Properties

Complete **Section D** if you wish to allow Wheel-Trans to share your information with other transit properties within the Greater Toronto and Hamilton area for the purpose of assisting you if you travel in other Regions.

Applicant Certification

I hereby authorize TTC/Wheel-Trans and its authorized agents/representatives to share my application information with the following specialized service providers in the Greater Toronto and Hamilton Area (applicant to indicate which agencies):

- ☐ Peel Regional TransHelp
- ☐ York Regional Transit Mobility Plus
- ☐ Oakville Transit care-A-van
- ☐ Burlington Transit Handi-Van
- ☐ Durham Regional Transit
- ☐ City of Hamilton DARTS

Name of Applicant (please print)	Signature of Applicant
	X
Date (YYYY/MM/DD)	

Person completing Section D if other than applicant:

Name of Representative (please print)	Signature of Representative
	X
Date (YYYY/MM/DD)	

Application Checklist

Before mailing or faxing your application make sure you have:

- ☐ Completed this application and double-checked all information
- ☐ Checked that your health care professional(s) has completed Section **C** (and **E** if applicable), including contact information and certification number if applicable
- ☐ Made a photocopy of the entire application for your records

Wheel-Trans Eligibility Application

Section E: TTC Support Person Assistance Card

The TTC Support Person Assistance Card is a photo identification card that identifies the card holder as a person who, because of disability, needs to be accompanied by a support person.

Applicant Information (To be filled out by applicant or representative)

First Name

Last Name

Street Address

Apartment/Unit

City or Town

Province

Postal Code

Date of Birth (YYYY/MM/DD)

Health Care Professional Certification

I certify that (check all applicable boxes)

☐ The applicant is a person with a disability as defined by the Ontario Human Rights Code and the disability is:

☐ Permanent

☐ Temporary and expected to resolve by (YYYY/MM/DD):

☐ I confirm that the limitations/reasons described in the Wheel-Trans application to be accompanied by a support person are the result of the applicant's disability. I further certify that the information provided in the application is accurate and complete to the best of my knowledge.

Name

Street Address

Suite

City or Town

Province

Postal Code

Phone

Professional Registration Number

Signature of Health Care Professional

Stamp of Registered Health Care Professional

Wheel-Trans Eligibility Application

Section E: TTC Support Person Assistance Card

Instructions

Applications can be submitted:

By mail:

- Submit with your Wheel-Trans Service Eligibility Application to: 580 Commissioners Street, Toronto, Ontario, M4M 1A7. Include two (2) colour passport photos signed on the reverse by the authorized regulated health care professional who completed **Section C** of the application. Wheel-Trans will forward the application on your behalf to TTC Customer Service Centre.

or

- Detach **Section E** from the Wheel-Trans Eligibility Application and submit to: TTC Support Person Assistance Card, 1900 Yonge Street, Toronto, Ontario, M4S 1Z2, with two (2) colour passport photos signed on the reverse by the authorized regulated health care professional who "The Health Care Professional Certification" portion of the application.

In person:

- Bring **Section E** from the Wheel-Trans Eligibility Application and valid government-issued or CNIB identification to TTC Customer Service Centre at 1900 Yonge Street/Davisville Station, or the TTC Photo ID Office at Sherbourne Station, where a photo for the Support Person Assistance Card will be taken. The name on the identification must match the name provided on this application. You do not need to obtain a passport photo in advance if you submit your application in person.

Allow 2 to 4 weeks processing time to receive the TTC Support Person Assistance Card.

Questions? Visit the Support Person Assistance Card Frequently Asked Questions (FAQ) page in the Fares section of TTC website <http://www.ttc.ca> or call TTC Customer Service at 416-393-3030 (TTY 416-338-0357), daily 7:00 a.m. - 10:00 p.m., except statutory holidays.

* * * *

**SUBMITTING THIS APPLICATION FOR A TTC SUPPORT ASSISTANCE CARD WILL NOT
MAKE YOU ELIGIBLE FOR WHEEL-TRANS SERVICE**

TTC PHOTO ID OFFICE USE ONLY

Date Card Issued:

Card Number: