



# Mobility Plus Application Package

York Region's door-to-door accessible  
public transit service for people with disabilities

## YORK REGION TRANSIT MOBILITY PLUS APPLICATION

Mobility Plus is York Region’s door-to-door shared ride accessible public transit service for people with disabilities. An applicant is eligible for Mobility Plus services if he/she is unable to use conventional transit services due to a physical or functional disability, defined as “any condition, either short term or long term”.

**Conventional public transit** means accessible low-floor, fixed route public transit and includes the family of services offered by York Region Transit (YRT), i.e. Viva bus rapid transit, local YRT routes, Community Bus routes, Dial-a Ride, and Travel Training.

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### ELIGIBILITY

If you are unable to use conventional public transit due to a physical or functional disability, Mobility Plus may be for you. To use this service, you must meet specific eligibility criteria. Eligibility is considered on a case-by-case basis and is not based on a particular disability, nor is it based on income level or lack of accessible public transit in an applicant’s area.

### TYPES OF LIMITATIONS

Applicants must have at least ONE of the following physical or functional limitations:

#### Physical

Applicants are unable to:

- > Walk a distance of 175 metres / 575 feet.
- > Board a conventional public transit bus by climbing three steps.
- > Ride a conventional public transit bus with the ability to hold on for support and balance.

#### Cognitive

Applicants with cognitive disabilities which impact functional or physical ability to use conventional transit. Examples of cognitive

disabilities include: emotional disabilities, brain injury, intellectual or learning disabilities.

**Note:** Applicants who are otherwise ineligible for Mobility Plus because they are able to use conventional public transit may be eligible for trips to / from approved day programs / work placements. Written confirmation from a placement agency is required.

#### Sensory

Applicants experiencing sensory motor area conditions, such as Parkinson’s disease, which impact physical ability to use conventional public transit.

#### Visual

Applicants who are legally blind and have undergone travel training through an approved agency such as the Canadian National Institute for the Blind (CNIB) and are still unable to use conventional public transit or applicants who have been deemed unsuitable for travel training.

#### Dialysis Patients

Applicants undergoing registered dialysis treatments.

## ELIGIBILITY CRITERIA

The eligibility criteria are based on five guiding principles:

1. Mobility Plus service is not for those who find it more difficult or who are reluctant or unwilling to use an accessible public transportation system;
2. Mobility Plus is not an attendant care service;
3. Eligibility is not based on a particular disability and persons are approved on a case-by-case basis;
4. Eligibility is not based on income;
5. Eligibility is not based on the unavailability of accessible conventional transit in the area in which the person resides.

Eligibility for Mobility Plus is approved on the basis of “levels of eligibility” falling into one of three categories:

6. Unconditional – all trip requests accommodated at all times; or
7. Temporary – limited duration (i.e. surgery recovery); or
8. Conditional eligibility under certain conditions (i.e. must be accompanied, trips to/from Day Programs only).

## HOW TO APPLY

The two-part application package must be fully completed and signed by you and your health care professional. Section ‘A’ of the application contains questions about your ability / inability to use conventional public transit. Section ‘B’ of the application must be completed by your health care professional. Completed applications must be forwarded by mail or fax to the Mobility Plus office (see address and fax number on back of application).

Mobility Plus will notify you of your eligibility by mail within four weeks based upon receipt of a fully completed application package. If your application is incomplete, the application process will be delayed. A registration card and number will be provided upon approval to use the service.

If your application is denied, you can contact the Mobility Plus office at (905) 762-2112 to make an appointment for an assessment by the Public Health Nurse or to receive information about other available public transit services.

## ATTENDANTS

If your application is approved and you require an attendant, this person must be provided by you and accompany you on all of your Mobility Plus rides. The attendant rides free-of-charge.

## CONFIDENTIALITY

All personal information on your application is collected under the authority of the Municipal Act, 2001, and the Personal Health Protection Act, 2004, and will be used solely for the purpose of determining eligibility for Mobility Plus service.

Any questions concerning this collection can be directed to:

### Mobility Plus Eligibility

York Region Transit  
50 High Tech Road, 5<sup>th</sup> Floor  
Richmond Hill, ON L4B 4N7

**Phone:** 905 762-2112

**Toll Free:** 1 866 744-1119

**TTY:** 905 881-5872

**TTY Toll Free:** 1 866 276-7479

The application along with any supporting documentation will be discussed only with the applicant or a legal guardian. If a release form is completed, the application may be discussed with the individual named in the release. For your convenience, a release form can be found on page 13 of this application. Application information may also be shared with other transit providers to facilitate your travel within York Region and connecting areas. Please make a photocopy of the entire completed application for your records in case the original application is not received by Mobility Plus.

The levels of eligibility are:

- > **MP-1** No restrictions.
- > **MP-1A** Requires an attendant for all trips.
- > **MP-1AD** Requires an attendant for all trips other than approved day program / work placements.
- > **MP-1D** Approved only for day program / work placements with hand-to-hand transfer.
- > **MP-1DW** Approved only to day programs/work placements without hand-to-hand transfer for the residence.
- > **MP-2T** No restrictions, but with temporary registration period determined by the health professional who completed the application.
- > **MP-2TA** Temporary disability requiring an attendant for all trips. Temporary registration period determined by the health professional who completed the application.
- > **MP-2TAD** Temporary disability requiring an attendant for all trips other than approved day program/work placements. Temporary registration period determined by the health professional who completed the application.
- > **MP-3S** Seasonal approval (November 1-April 30) when weather conditions affect the applicant's ability to use regular public transit (i.e. icy conditions). No other restrictions.
- > **MP-3SA** Seasonal approval (November 1-April 30) with attendant requirement for all trips.



## USE OF CONVENTIONAL PUBLIC TRANSIT BUSES

The answers to questions one, two and three provide us with detailed information on your difficulties getting to and from a conventional YRT bus stop, getting on and off a bus and travelling on a bus.

### 1a. Check the one box that best applies to your ability to get to or from a conventional public transit bus stop:

- I can usually get to and from a conventional public transit bus stop. (Travel distance of an average city block or 175 metres.)
- I can get to and from a conventional public transit bus stop with the assistance of an attendant.
- I can never get to and from a conventional public transit bus stop. Why not? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 1b. Seasonal Eligibility (November 1 to April 30)

- I can usually get to and from a conventional public transit bus stop only if the path is free from ice/snow.

### 2. Check the one box that best applies to your ability to get on and off a conventional transit bus:

- I can usually get on and off a conventional public transit bus.
- I can get on and off a conventional public transit bus with the assistance of an attendant.
- I can get on and off a conventional public transit bus if it is a low floor bus with no steps.

- I can never get on or off a conventional public transit bus. Why not? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 3. Check the one box that best applies to your ability to ride on a conventional public transit bus:

- I can usually ride on a conventional public transit bus.
- I can ride on a conventional public transit bus if I have an attendant with me.
- I cannot ride on a conventional public transit bus. Why not? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 4a. Do you require a personal care attendant (provided by you)?

- Yes       No

A **personal care attendant** is required if you cannot independently recognize your destination, cannot be alone during travel or cannot inform the driver of a drop-off at the wrong location. In addition, you must be able to independently get help if dropped off at the wrong location. The required attendant will travel free-of-charge.

**4b. Do you require a hand-to-hand transfer?**

- Yes       No

**Hand-to-hand** is a requirement of a cognitive passenger who attends a work placement or day program. A personal care attendant must be in attendance to put the passenger on the vehicle at both the pick up and drop off.

If you have answered “No” above and are attending a day program/work placement then you must call Mobility Plus for an agreement form to be filled out and sent back to Mobility Plus.

**5. Do you currently use any of the following assistive devices? (Check all that apply)**

- Braces
- Cane
- Certified Service Animal
- Communication Device
- Crutches
- Custom Power Wheelchair  
Measurements: \_\_\_\_\_
- Foldable Wheelchair
- Manual Wheelchair
- Prosthetics
- Scooter
- Standard Power Wheelchair
- Walker (Foldable)
- Walker (Non-Foldable)
- White Cane
- Oxygen Tank  
Measurements: \_\_\_\_\_

- Other, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. Can you transfer to a four-door sedan without driver assistance?**

- Yes       No

**7a. Have you undergone any training through an agency (e.g. CNIB) to ride a conventional transit bus?**

- Yes       No

Agency: \_\_\_\_\_

**7b. If you answered yes, what did your travel training include? (Check all that apply)**

- Getting on and off the bus with your mobility aid
- Identifying landmarks
- Locating a seat
- Safety procedures if you become lost or disoriented
- Safety procedures while riding bus
- Securing your mobility aid
- Selecting a route
- Using a bus pass or paying a fare
- Using a route map



# SECTION B: For completion by a health care professional

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## About York Region Transit Mobility Plus

Mobility Plus is a shared ride door-to-door public transit service for people with physical and / or functional disabilities who are unable to use conventional public transit.

You are being asked by the applicant named in Section A to provide information regarding his / her ability to use conventional public transit service (see description on page 2).

A person who does not qualify for Mobility Plus door-to-door service in the summer months may still be eligible for seasonal registration during the winter months.

The information you provide will allow us to evaluate the request and provide appropriate service. Thank you for your assistance.

### HOW TO COMPLETE SECTION B:

1. The applicant (or representative) has completed Section A. Please read Section A in its entirety before completing and signing Section B.
2. Section A and B of the application must be filled out completely or the application process may be delayed.
3. If you have any questions, you can call Mobility Plus at 905-762-2112, or toll free at 1-866-744-1119.

Please base your evaluation solely upon the applicant's ability / inability to use conventional public transit bus service.

Patient's Name: \_\_\_\_\_  
(Please Print)

**1. I have read Section A in its entirety.**

- Yes       No

Please describe in detail how the applicant's physical and / or functional limitation affects their ability to use conventional public transit bus service.

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**2. Diagnosis, prognosis, impairments and / or limitations causing disability:**

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**3. Severity of Disability / Limitations:**

- Mild       Moderate  
 Severe     Profound

**4. Is the applicant able to walk 175 metres?**

- Yes       No       Sometimes

**5a. Is the applicant able to climb three steps without assistance?**

- Yes       No       Sometimes

**5b. Is the applicant able to descend three steps without assistance?**

- Yes       No       Sometimes

**6. If the applicant has a visual impairment, is the applicant considered legally blind, according to the CNIB?**

- Yes       No

**7. Does this applicant have a cognitive limitation? Is s/he able to:**

Give name, address and telephone numbers upon request?

- Yes       No

Recognize a destination or landmark? (i.e. residence)

- Yes       No

Deal with unexpected situations or unexpected changes in routine?

- Yes       No

Ask for, understand and follow instructions?

- Yes       No

Control situations or behaviours that could be detrimental to the applicant's safety or the safety of others?

- Yes       No

Please explain \_\_\_\_\_

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Balance without assistance?

- Yes       No

**8. If the applicant is a person with speech impairment, is s/he able to:**

Communicate verbally?

- Yes       No

Communicate with an augmentative device?

- Yes       No

Communicate in writing?

- Yes       No

- Prevents the applicant to use conventional public transit bus service year round.
- Prevents the applicant to use conventional public transit bus service only in the winter.
- Usually prevents the applicant from using conventional public transit bus service unless a personal care attendant accompanies them.
- Other

If other, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**9. Does the applicant require a personal care attendant when travelling?**

- Yes       No

Please note that in order to travel unaccompanied, applicants must be able to independently recognize their destination and inform the Mobility Plus driver if they are about to be dropped off at a wrong location. In addition, they must be able to independently get help if they were dropped off at a wrong location. If they are not able to do so then they will require a personal care attendant when travelling.

If yes, please note that the applicant must provide their own personal care attendant when travelling.

**11. Expected Duration of Disability / Limitations:**

- Temporary: Expected duration until \_\_\_\_\_  
(Year/Month/Day)
- Long-Term: (Limitation with no expectation of improvement)
- Seasonal: (Limitation impacted by winter ice / snow conditions)

**12. Are there any other effects of the physical or functional limitations that MobilityPlus should be aware of?**

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

**10. It is my professional opinion that the applicant has physical or functional limitations that:**

(Check the one box that best explains the difficulty the applicant has in using conventional public transit bus service.)





# Contact Us

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## Mobility Plus Call Centre Hours

Monday to Saturday  
6:00 a.m. to Midnight

Sunday and Statutory Holidays  
8:30 a.m. to 10:00 p.m.

## Service Operating Hours

Monday to Saturday  
6:00 a.m. to Midnight

Sunday and Statutory Holidays  
8:30 a.m. to 10:00 p.m.

## York Region Transit (YRT) – Mobility Plus

50 High Tech Road 5<sup>th</sup> Floor  
Richmond Hill, Ontario L4B 4N7  
Local: 905 762-2112  
Toll Free: 1 866 744-1119

## TTY Teletypewriters:

Local: 905 881-5872  
Toll Free: 1 866 276-7479  
Fax: 905 762-2110  
Website: [yrt.ca/mobilityplus](http://yrt.ca/mobilityplus)

### FOR OFFICE USE ONLY

#### Approved Level of Eligibility (Check one)

- |                                   |                                    |
|-----------------------------------|------------------------------------|
| <input type="checkbox"/> MP – 1   | <input type="checkbox"/> MP – 2T   |
| <input type="checkbox"/> MP – 1A  | <input type="checkbox"/> MP – 2TA  |
| <input type="checkbox"/> MP – 1AD | <input type="checkbox"/> MP2 – TAD |
| <input type="checkbox"/> MP – 1D  | <input type="checkbox"/> MP – 3S   |
| <input type="checkbox"/> MP – 1DW | <input type="checkbox"/> MP – 3SA  |
|                                   | <input type="checkbox"/> Denied    |

If temporary, check one:

- |                              |
|------------------------------|
| <input type="checkbox"/> 3M  |
| <input type="checkbox"/> 6M  |
| <input type="checkbox"/> 1Y  |
| <input type="checkbox"/> 1½Y |

Registration Number Assigned upon Approval # \_\_\_\_\_

Date: \_\_\_\_\_ Initials: \_\_\_\_\_  
(Year / Month / Day)

#### Comments:

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