

## CBT Link Accessible Transit Application

Corner Brook Transit (CBT) Link provides accessible transit services in the Corner Brook area and is overseen by the City of Corner Brook. All passengers of the CBT Link service must be registered with the service to use it. All applicants, to become registered, must have a disability that prevents the applicant from utilizing the conventional transit system. A disability for this purpose may include, but is not limited to:

- Physical disabilities
- Vision disabilities
- Hearing disabilities
- Intellectual or learning disabilities
- Mental health disabilities
- Neurological disabilities

Eligibility is considered on a case-by-case basis and is not based on a specific health condition, but whether the applicant's disability prevents the use of the conventional transit system. Applicants are required to participate in a transit assessment. A portion of this must be completed by a health care professional. It is important to note that eligibility for CBT Link is **not** based on the following factors alone:

- The applicant's age
- Loss of driver's license or inability to drive
- The availability of others to travel with the applicant on conventional transit
- Whether conventional services or bus stops are offered near the applicant's pick up/drop off locations and/or lack of sidewalks in area (unwillingness and/or reluctance to use conventional services)
- Financial need or inability to pay for taxis, or other forms of transportation.

## **Eligibility Types**

### **Unconditional Eligibility**

Unconditional eligibility may be granted to individuals whose disability prevents them from always using conventional transit.

### **Temporary Eligibility**

Temporary eligibility may be granted to individuals with a temporary disability (e.g. recovering from surgery) that prevents them from using conventional transit for all or part of their trip.

## **The Application Process**

The purpose of this application is to ensure all customers meet the eligibility requirements of CBT Link and to gather information that will allow us to provide the most accessible service possible for those who are eligible. If you require support to complete this application, please contact the City of Corner Brook at 709-637-1666.

**Section 1** must be completed by the applicant.

**Section 2** is to be completed by a health care professional (such as a family physician, social worker, physiotherapist, mental health professional, or occupational therapist). Any fees incurred for completing this section are the responsibility of the applicant.

Return the completed application form to the City of Corner Brook. Applicants will be notified of the results of their application by mail. Please allow up to 14 days for processing. If an application is denied, information regarding the appeal process will be provided.



# CBT Link Accessible Transit Application Form



## Section 1: APPLICANT INFORMATION (to be completed by the Applicant) Please print clearly

### GENERAL INFORMATION

Name: \_\_\_\_\_  
First Last Middle Initial

Mailing Address: \_\_\_\_\_  
Civic Address Apt/Unit #

Telephone: \_\_\_\_\_  
Home Cell Work

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email Address: \_\_\_\_\_  
DD MM YYYY

Gender (optional)  
 Male  Female  Non-Binary  Other

If applicable, please identify your pronouns: \_\_\_\_\_

Pick up Location (Name of the building or facility, if applicable e.g. Western Long-Term Care):  
\_\_\_\_\_

Pick up Door details (e.g. side entrance, red door, etc) \_\_\_\_\_

### How would you prefer to receive your reply letter?

- Email** (sent to the email address provided on this application)
- Canada Post** (sent to the mailing address provided on this application)

Transit M-Card # (if applicable): \_\_\_\_\_

### Alternative Contact Person (If applicable):

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

Telephone: \_\_\_\_\_  
Home Cell Work

Please choose the option that applies to you:

- I am a new applicant
- I am a visitor to the City. Duration of stay: \_\_\_\_\_

### Emergency Contacts

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

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

Telephone: \_\_\_\_\_  
Home Cell Work



**Advocate Information**

Please complete this section if this form is being completed by someone on behalf of the applicant.

Advocate’s Name: \_\_\_\_\_

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

Agency (if applicable): \_\_\_\_\_

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

Email: \_\_\_\_\_

**Applicant Acknowledgement and Disclaimer**

Please read this section carefully before signing.

I understand that the information I provide on this application is needed to determine whether I am eligible to use CBT Link Accessible Transit. This information is collected under the Access to Information and Protection of Privacy Act, 2015 and the Personal Health Information Act (PHIA). It will only be used by authorized staff and/or contractors for the purpose for which it was collected. If I have questions about how my information is collected or used, I may contact the City Clerk at 709-637-1534.

I understand that information about my use of CBT Link may be shared with municipalities, governments, or agencies that help fund Accessible Transit. This may include the date and time of my trip, trip status, origin and destination addresses, and passenger type. My personal information will not be shared with other public bodies or individuals unless permitted by ATIPPA, 2015.

I give permission for CBT Link, Accessible Transit Services, or the Assessment Service Provider to contact me, my advocate, and/or my health care professional if more information or clarification is needed to determine my eligibility.

I authorize the release of the medical information included in Section 2 of this application to Accessible Transit Services and the Assessment Service Provider for the purpose of determining my eligibility for CBT Link Accessible Transit.

I certify that, to the best of my knowledge, the information in this application is true and correct. I understand that providing false or misleading information may result in my eligibility being terminated. I also understand that applying for CBT Link does not guarantee that I will be accepted as a customer.

I understand that CBT Link drivers are responsible for safely operating the vehicle and transporting passengers. Drivers are not responsible for lifting or carrying passengers, parcels, packages, or groceries, nor are they responsible for providing personal care.

I understand that CBT Link drivers will not enter a residence, apartment building, care facility, or other private property to collect or escort passengers. If I need help travelling between my residence and the vehicle, I am responsible for arranging assistance from a family member, caregiver, support person, or other attendant.

By signing below, I confirm that I have read and understand this information.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Section 2: HEALTH CARE PROFESSIONAL INFORMATION**  
**(to be completed by the Health Care Professional) Please print clearly**

This section is to be completed by a registered health care professional (such as a physician, Nurse Practitioner, social worker, physiotherapist, mental health professional, or occupational therapist) who is familiar with the applicant and can provide details on how their disability prevents the use of conventional transit.

This information is requested in order to determine the applicant's eligibility to use CBT Link Accessible Transit.

**Applicant's Consent to Release Information**

I, \_\_\_\_\_ (applicant's name), provide my consent to the release of the following medical information to the City of Corner Brook for the purpose of determining my eligibility to use CBT Link Accessible Transit. All medical information obtained within the application process is managed in accordance with the Personal Health Information Act (PHIA) NL.

Applicant's Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

**Health Care Professional Information**

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

Occupation/Specialty: \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

The applicant is applying for CBT Link Accessible Transit, a shared-ride, door-to-door public transit service for individuals whose disabilities prevent them from using conventional transit for all or part of their trip. The information you provide will assist the City of Corner Brook in determining eligibility for CBT Link service. Eligibility may be granted when disability-related barriers limit an applicant's ability to independently use conventional transit under all or certain conditions. To use conventional transit, an individual must be able to complete a variety of travel-related activities independently.

Please provide details to indicate how the applicant's disability would impact their ability to utilize regular transit.

**Physical Disability**

Permanent  Temporary for \_\_\_\_\_ months

**Vision Disability**

Permanent  Temporary for \_\_\_\_\_ months

**Cognitive Disability**

Permanent  Temporary for \_\_\_\_\_ months

**Sensory Disability**

Permanent  Temporary for \_\_\_\_\_ months

**Mental Health Disability**

Permanent  Temporary for \_\_\_\_\_ months

**Other Disability (if applicable)**

Permanent  Temporary for \_\_\_\_\_ months

Do the above limitations vary under certain conditions, such as season or time of day? Please explain:

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

Can the applicant be left alone at their destination (home or other)?

- Yes
- No

If no, please explain: \_\_\_\_\_

Does the applicant require **an attendant/support person** to travel outside the home?

- Yes
- No

**Please indicate the degree to which the applicant can complete the following activities:**

Travel to nearest bus stop

- Yes
- No

Wait at bus stop until bus arrives (bus stops may or may not have seating)

- Yes
- No

Board the bus (by stepping from the curb into the bus or entering via ramp)

- Yes
- No

Recognize when to get off the bus and use the bell to signal a stop

- Yes
- No

Maneuver wheelchair or scooter into the accessible space, if applicable

- Yes
- No
- Possible with a support person

Disembark the bus (by stepping from the bus to the curb or exiting via ramp)

- Yes
- No
- Possible with a support person

Understand bus schedules and trip planning, including bus transfers if required

- Yes
- No

Has the applicant completed any functional assessments (e.g. TUG, MOCA) of their disability in the last 24 months that measure their ability to travel independently in the community?

- Yes
- No

If yes, please provide the following information:

Date of assessment \_\_\_\_\_

Name of test/evaluation \_\_\_\_\_

Purpose of test/evaluation \_\_\_\_\_

**Mobility Aids and Assistance**

Does the applicant require the use of a mobility device when travelling outside their home?

- Yes
- No

If yes, please select which mobility aids will be used when traveling outside their home

- Wheelchair (powered, manual, oversized)
- Scooter
- Walker
- Support cane
- Long white cane
- Crutches
- Communication board
- Service animal
- Oxygen tank
- Hearing aid(s)
- Other (please specify): \_\_\_\_\_

**Additional Information:**

Please provide any other information you deem relevant to this application.

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**Application completed by:**

Health Care Professional's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you!

Please return completed forms to the City of Corner Brook by mail or e-mail.

City of Corner Brook  
 Community Services, Engineering, Development and Planning  
 P.O. Box 1080  
 Corner Brook, NL A2H 6E1  
 Telephone: 709-637-1666  
 Email: [transit@cornerbrook.com](mailto:transit@cornerbrook.com)