

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. The TTC's specialized transportation service is called Wheel-Trans.

Helpful definitions

- **Conventional Transportation Service** (conventional transit) means fixed route service on buses (including Community Buses), streetcars and subway trains (including light rail/rapid transit). A significant part of TTC's conventional transit system is currently accessible.
- **Specialized Transportation Service** (specialized transit) means pre-arranged shared ride door-to-door service, and/or service to and from conventional transit for persons with disabilities who are eligible and registered specialized transit customers.
- **Family of Services** means a combination of conventional transit and specialized transit for persons with disabilities who are eligible and registered specialized transit customers.

Wheel-Trans provides a safe and reliable public transit option for persons with disabilities to travel with freedom and dignity. Applicants may be eligible for Wheel-Trans if their disability prevents them from using TTC 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 has three categories of eligibility for service consistent with *Integrated Accessibility Standards Regulation (IASR O. Reg. 191/11)* under the *Accessibility for Ontarians with Disabilities Act, 2005 (AODA)*. For purposes of eligibility, persons with disabilities shall be categorized as follows:

- **Unconditional** – A person with a disability that prevents them from using conventional transit at all times.
- **Conditional** – A person with a disability where environmental or physical barriers limit their ability to consistently use conventional transit. A person with Conditional eligibility 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, or travel to a non-accessible location).
- **Temporary** – A person with a temporary disability that prevents them from using conventional transit. A person with Temporary eligibility requires specialized transit for a limited period.

How to apply for Wheel-Trans service

The Wheel-Trans Eligibility Application form (the application) is available at ttc.ca/wheel-trans, by calling 416-393-4111, or by emailing WTCS@ttc.ca. Alternative accessible formats are available upon request.

A person who believes they are eligible for Wheel-Trans service and is interested in becoming a Wheel-Trans customer, should complete the application in full, sign the application and submit it. Incomplete applications may be returned to you for completion.

The application and instructions

Please note that photos are required only if you are applying for a Support Person Assistance Card (Section D).

Section A contains questions about your everyday mobility and ability to use conventional transit. Section A is to be completed by you/your representative. You/your representative must certify that the information provided is true and correct.

Section B is your authorization to have your health care professional(s) contacted for additional information or clarification if required. Section B is to be completed by you/your representative.

Section C is to be completed by your health care professional(s). Your health care professional(s) must certify that the information provided in Section C 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 **optional** and is to be completed by you/your representative and your health care professional. The Support Person Assistance Card (SPAC) allows a support person to travel free on TTC conventional transit or Wheel-Trans when accompanying a person with a disability who needs additional assistance when travelling. Under the TTC's Support Person policy and the AODA, a support person is someone, "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".

Note: Wheel-Trans customers may travel with a companion and/or support person at any time on Wheel-Trans.

In-person functional assessments

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

Appeal assessment

If you disagree with the decision regarding Wheel-Trans eligibility, you may request an independent appeal to have the decision reviewed. Additional information on the appeal process, as well as the required forms that must be completed, can be found on TTC's website at ttc.ca/wheel-trans, by calling Wheel-Trans Customer Service at 416-393-4111 or by emailing WTCS@ttc.ca.

Applicant's responsibilities

- Make a copy of the application for your records.
- Cover any costs incurred for completing the application or for obtaining additional information.

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



Completed applications should be sent using one of the following methods with “Wheel-Trans application” in the subject line:

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

Travelling within the Greater Toronto and Hamilton area

If you are approved for Wheel-Trans service and wish to use specialized transit within the Greater Toronto and Hamilton area (GTHA), your information can be shared with other GTHA specialized transit providers upon request. Please contact Wheel-Trans Customer Service at 416-393-4111 or WTCS@ttc.ca for more information.

Personal information and privacy

All Wheel-Trans vehicles are equipped with mounted video cameras. Any personal information collected by video cameras on Wheel-Trans vehicles and/or through the 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.

Any personal information is also subject to TTC’s Privacy Policy.

Any questions about information 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



Section A: Applicant/Application information

Personal/contact information of applicant

Surname (last name)

First name(s)

Preferred name

Pronoun(s)

Date of birth (YYYY/MM/DD)

Home address of applicant

Street

Apartment/unit

City or town

Province

Postal code

Phone (preferred number)*

Mobile number

Yes No
Would you like SMS reminders?

Email address of applicant

Mailing address (If different than above)

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 the application and/or services provided by TTC/Wheel-Trans, complete the following information:

Name of representative

Relationship to applicant

Representative phone (preferred number)*

Is your representative filling out this application? Yes No

Are you authorizing this person to represent you in all matters related to TTC/Wheel-Trans services? Yes No

Emergency contact information

Please provide us with at least one and up to two emergency contacts.

Name (primary contact)

Relationship to applicant

Phone number(s)

Name (secondary contact)

Relationship to applicant

Phone number(s)



Section A: Applicant/Application information

Questions

1. Do you currently use any of the following? Check all that apply.

- TTC conventional bus TTC subway TTC streetcar TTC Wheel-Trans
 TTC Community Bus Other transit/transportation services (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				

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

	Always	Never	Sometimes	If always or sometimes, explain why

Note: A support person is someone who assists a person 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 person with a disability during travel and/or at their destination. If a support person is required, you must provide your own support person when travelling and **will not be permitted to travel without a support person on 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)	Prosthetic(s)		

Oxygen tank (specify measurements, if known): _____

Scooter:

Dimensions (in inches or centimeters, if known): _____

	Width	Length
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Combined weight with applicant: Less than 800 lbs/318 kg More than 800 lbs/318 kg

Walker/rollator – Specify type	Foldable	Non-foldable
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Wheelchair – Specify type	Motorized	Manual (non-foldable)
	Manual (foldable)	

Dimensions (in inches or centimeters, if known): _____

	Width	Length
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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 (81-86 cm). Your assistive device(s) must be able to fit the ramps, kept clean and in good working condition. Wheel-Trans may not be able to provide service if assistive device(s) cannot be properly secured (including defective devices and transport chairs).

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/or subway stations?

Always Never Sometimes

If **never** or **sometimes**, explain why:

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

Always Never Sometimes

If **never** or **sometimes**, explain why:



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 between 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.



15. Are you a dialysis patient? Yes No

If yes, please provide the location and address of your treatment facility:

Please ensure you have answered all the questions completely. The application may be returned to you if there are unanswered questions and/or further explanation or clarification is required.

Applicant/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. I also agree to advise Wheel-Trans of any changes to my disability condition(s), use of assistive device(s), personal information and/or if I no longer require Wheel-Trans service.

Name of applicant (please print)

Signature of applicant

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

Date (YYYY/MM/DD)



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 the 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)



Section C: Health care professional information

This section is 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 condition(s).

(If more than one health care professional is required to complete the application, additional Sections B and C must be completed and submitted.)

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 (SPAC), please complete the health care portion of **Section D**.

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?

- Which, if any, of the following disability(ies) does the applicant have?
Check all that apply. For temporary disability conditions, 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				



2. Identify and explain the impact of the applicant’s disability conditions (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 conditions in the last 24 months that measure their ability to navigate independently in the community?

Yes No Not applicable

If yes, provide detail 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 conditions?

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

Always Never Sometimes

If always or sometimes, specify device(s):

If only sometimes, describe why:



5. Wheel-Trans is a shared ride service. This means that during a ride, Wheel-Trans customers must travel with other persons (i.e. Wheel-Trans Operators, other customers and passengers). Wheel-Trans vehicles must stop at different locations where Wheel-Trans Operators exit the vehicles to pick-up/escort other customers. For these reasons, please indicate if the applicant is likely to engage in any of the following behaviour(s) so that Wheel-Trans can assess whether the applicant needs a mandatory support person during travel and/or at their destination:

	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				

6. Does the applicant need a support person to travel on Wheel-Trans?

Note - A support person is someone who assists a person 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 a support person is required, the applicant must provide their own when travelling and **will not be permitted to travel alone on Wheel-Trans.**

Always Never Sometimes

If always or sometimes, explain why:



Section C: Health care professional certification

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

Surname (last name)

First name(s)

Address

Street

Apartment/unit

City or town

Province

Postal code

Phone

Occupation and Professional Registration Number

Date (YYYY/MM/DD)

Signature

Stamp of Registered Health Care Professional

If you indicated that the applicant requires a support person (Question #5), please fill out **Section D** to apply for a Support Person Assistance Card for the Applicant.



Section D: TTC Support Person Assistance Card (optional)

The TTC Support Person Assistance Card (SPAC) is a photo identification card that identifies the cardholder as a person who, because of a disability, is being accompanied by a support person. The SPAC belongs to the person with a disability. It does not belong to the support person.

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

Surname (last name)

First name(s)

Address

Street

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):

Surname (last name)

First name(s)

Address

Street

Apartment/unit

City or town

Province

Postal code



Phone

Occupation and Professional Registration Number

Date (YYYY/MM/DD)

Signature of Health Care Professional

Stamp of Registered Health Care Professional



Instructions for Section D: Support Person Assistance Card

Applications can be submitted in the following ways:

By mail:

- Submit the completed **Section D** with your Wheel-Trans application to 580 Commissioners Street, Toronto, Ontario, M4M 1A7. Include two (2) colour passport quality 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 the TTC Customer Service Centre.

or

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

In person:

- Bring the completed **Section D** of the Wheel-Trans application and a valid government-issued or CNIB identification to the TTC Customer Service Centre at 1900 Yonge Street/Davisville Station, or to the TTC Photo ID Office at Bathurst Station, where a photo for the SPAC will be taken. The name on the identification must match the name provided on this application. You do not need to obtain colour passport quality photos in advance if you submit your application in person.

Allow two to four weeks of processing time to receive the SPAC.

If you have any questions, please read the Frequently Asked Questions (FAQs) on the Support Person Assistance Card page which can be located under the “Fares & passes” section of the TTC website (ttc.ca). Alternatively, you can call TTC Customer Service at 416-393-3030, available daily from 7 a.m. to 10 p.m., except statutory holidays.

Submitting the completed Section D of the application for a TTC Support Person Assistance Card does not make you eligible for Wheel-Trans service

TTC Photo ID Office use only

Card issue date (YYYY/MM/DD)

Card number

