

**Application Part A - Health Practitioner Assessment**

(Required for applicants with physical disabilities)

New Client  
Application  

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(Official Use Only)

Strathcona County Accessible Transportation (SCAT) is a specialized public transportation service available to physically disabled individuals who, because of temporary or permanent physical impairment, or absence of the ability to perform locomotor functions, cannot use regular public transit service.

**All parts** of Part A must be completed and signed by a qualified health practitioner such as a medical doctor, registered nurse, occupational therapist or physiotherapist. Please be clear as to the applicant's ability or inability to use regular public transit.

1. What is the nature of the applicant's functional impairment or disability and how does it specifically restrict his or her ability to use regular public transit? \_\_\_\_\_  
\_\_\_\_\_
2. Can the applicant walk four blocks unassisted without rest or discomfort?     Yes     No  
If **No**, please explain. \_\_\_\_\_  
\_\_\_\_\_
3. Can the applicant climb three steps?     Yes     No  
(Note: initial step on transit vehicle is 14 inches above the ground.)  
If **No**, please explain. \_\_\_\_\_  
\_\_\_\_\_
4. If the applicant is visually impaired can he or she:  
cross city streets unassisted     Yes     No  
see street/address signs in daylight     Yes     No  
see street/address signs in the evening     Yes     No  
If **No**, to any part of question 4 please explain. \_\_\_\_\_  
\_\_\_\_\_
5. Is the disability     Permanent     Temporary  
If temporary, please specify the length of time that needs transportation is required (for example, the number of weeks or months) \_\_\_\_\_
6. Strathcona Transit drivers must concentrate on the safe operation of their vehicle and cannot supervise those who require constant or frequent attention because of medical or behavioral reasons. In your opinion should the applicant travel with an attendant?     Yes     No     Occasionally

I have assessed this applicant and based upon my professional knowledge and opinion I, the undersigned, recommend that this individual be eligible to use the specialized transportation services of Strathcona County Transit.

\_\_\_\_\_  
Assessor's Signature

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Agency Affiliation (if any)

\_\_\_\_\_  
AADL Authorization Number (If applicable)

**Collection and Use of Personal Information**

This personal information is being collected in accordance with the Municipal Government Act (MGA) and section 33(c) of the Freedom of Information and Protection of Privacy Act (FOIP) and will be used for the sole purpose of evaluating the applicant's eligibility for SCAT service. It is protected by the privacy provisions of the FOIP Act. If you have any questions about the information collected, contact the SCAT Dispatcher, Strathcona County, 200 Strebamk Avenue, Sherwood Park, AB T8H 1N1, or by telephone at 780-449-9680.

**Application Part B - Qualified Professional Assessment**  
(Required for applicants with mental disabilities)

New Client Application  _____ (Official Use Only)
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Strathcona County Accessible Transportation (SCAT) is a specialized public transportation service available to mentally disabled individuals who, because of a cognitive impairment, cannot utilize regular transit service.

**All parts** of this needs assessment must be completed and signed by a qualified professional such as a social worker, rehabilitation councillor, or occupational therapist involved in the assessment of mentally disabled individuals.

1. Is the applicant currently using regular Strathcona County Transit service? \_\_\_\_\_ Yes \_\_\_\_\_ No

If **Yes**, provide specific details of when the applicant would require the SCAT services.

\_\_\_\_\_

If **No**, explain how the cognitive impairment prevents the applicant from using regular public transit service.

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

2. If the response to question 1 was **No**, do you feel that the applicant has the potential to be able to use the regular public transit service? \_\_\_\_\_ Yes \_\_\_\_\_ No

If **Yes**, to what degree or under what conditions could the applicant use the regular transit system?

\_\_\_\_\_

3. Strathcona Transit drivers must concentrate on the safe operation of their vehicle and cannot supervise those who require constant or frequent attention because of medical or behavioral reasons. In your opinion should the applicant travel with an attendant? \_\_\_\_\_ Yes \_\_\_\_\_ No

I have assessed this applicant and based upon my professional knowledge and opinion I, the undersigned, recommend that this individual be eligible to use the specialized transportation services of Strathcona County Transit.

\_\_\_\_\_  
Assessor's Signature

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Agency Affiliation (if any)

\_\_\_\_\_  
AADL Authorization Number (If applicable)

**Collection and Use of Personal Information**

This personal information is being collected in accordance with the Municipal Government Act (MGA) and section 32(c) of the Freedom of Information and Protection of Privacy Act (FOIP) and will be used for the sole purpose of evaluating the applicant's eligibility for SCAT service. It is protected by the privacy provisions of the FOIP Act. If you have any questions about the information collected, contact the SCAT Dispatcher, Strathcona County, 200 Streambank Avenue, Sherwood Park, AB T8H 1N1, or by telephone at 780-449-9680.