APPLICATION FORM
Yellowknife Accessible Transit System

There are two sections to be completed in this application. **Section A** must be completed and signed by the applicant or someone the applicant selects to help with the application. **Section B** must be completed and signed by a healthcare professional. If you need assistance to complete the application, please call the NWT Disabilities Council at 873-8230 or Toll Free at 1-800-491-8885.

Re-evaluation Period

Applicants with permanent disability status will be required to reapply for YATS service every 5 years. In the event that YATS staff notice changes in the applicant's abilities that void the current information on file, the applicant will be asked to resubmit their application with up-to-date information.

Applicants with seasonal status will be required to reapply for YATS each year.

It is the applicant's responsibility to inform YATS of any changes to their status (i.e. new address or phone number, change in condition) by calling the NWT Disabilities Council at 873-8230. If the changes are significant, the applicant may be required to resubmit their application.

OFFICE USE ONLY – DO NOT FILL IN

Date Received		Date Approved	
Registration Type	Permanent	Temporary	Seasonal - Winter
	☐	☐	☐
Date of Renewal			
Attendant Required	☐	☐	☐
Disability			
Mobility Aid			
Comments			

SECTION A: APPLICANT INFORMATION AND SELF-EVALUATION

Please fill in all sections of this application form. Incomplete forms will not be processed. If a section does not apply, please write N/A (not applicable).

Type of Application:

☐New ☐Renewal YATS ID Number (if known) _____

Applicant Information (PLEASE PRINT):

Surname:_____ First Name:_____

Mailing Address:_____
Number Street Unit

Postal Code: _____

Pick-Up Address:_____
(if different from mailing) Number Street Unit

Front or Back Entrance:_____

Telephone (daytime):_____

Telephone (evening):_____

Email:_____

☐Male ☐Female Date of Birth: (month/day/year) _____

Height:_____ Weight:_____ lbs/kg

Please provide the name of a person or agency (preferably local) that may be contacted in the event of an emergency:

Name of Agency:_____

Surname:_____ First Name:_____

Address:_____ Postal Code:_____

Telephone (daytime):_____ Telephone (evening):_____

Relationship to User:_____

Travel Requirements:

This section is intended to gather your travel information to assist with service planning. It will not be used to determine your eligibility.

Reason for using the service: (check all that apply)

☐Employment ☐Educational ☐Medical ☐Shopping

☐Recreational ☐Social

Other (please specify):_____

Estimated number of trips per week:_____

Applicant Self-evaluation

1. What is your disability?

_____

_____

_____

2. How does your disability affect your use of regular transit?

_____

_____

_____

3. Is the disability:
   Temporary ☐ Permanent ☐ or Seasonal (Oct. 1 to April 30)? ☐
   If temporary, please provide an estimated duration (months) _____

4. Are you able to walk to the nearest bus stop from your home?
   Yes ☐ No ☐ Sometimes ☐ Not During Winter Months ☐

   If Sometimes, explain: _____

5. Are you able to board or disembark from a regular transit vehicle?
   Yes ☐ No ☐ Sometimes ☐

   If Sometimes, explain: _____

6. Are you able to recognize your destination?
   Yes ☐ No ☐ Sometimes ☐

   If Sometimes, explain: _____

7. Are you able to tell the driver your destination?
   Yes ☐ No ☐ Sometimes ☐

   If Sometimes, explain: _____

8. Will you use any of the following items when you ride on YATS (check all that apply)?:

☐ Manual wheelchair	☐ Powered wheelchair	☐ Power scooter
☐ Portable Oxygen	☐ Walker	☐ Crutches
☐ Cane	☐ White cane	☐ Service Animal

   Other (please specify) _____

9. Do you require an attendant to travel with you to assist you during the trip?

Yes ☐ No ☐

Note: An attendant is required if you need help during your trip (getting ready to travel, while on board the bus, at your destination). Requiring someone to help you carry packages is a guest, not an attendant.

I hereby certify that the information given above is correct and give consent for the NWT Disabilities Council to pass this information on to the City of Yellowknife.

Signature of Applicant:_____

Date: (month/day/year) _____

I have received a copy of the YATS Service Guidelines and agree to adhere to the terms and conditions as set out.

Signature of Applicant:_____

Date: (month/day/year) _____

If you are not the applicant, but have completed this application on the applicant's behalf, please provide the following information:

Name: _____

Relationship to applicant: _____

Address: _____Postal Code: _____

Telephone (daytime): _____

Telephone (evening): _____

I certify that to my best knowledge the information given above is correct.

Signature: _____

Date: (month/day/year) _____

SECTION B: PROFESSIONAL EVALUATION

This section may be completed by one of the following:

~ Licensed physician, physical therapist or nurse practitioner.
~ Rehabilitation specialist or occupational therapist.

Professional Evaluation – to be completed by applicant's healthcare professional

Please review the information in Section A provided by the applicant before you complete this section.

Patient's Name: _____

1. I have read Section A in its entirety. Yes ☐ No ☐
2. I agree the information in Section A. Yes ☐ No ☐

   If No, please explain: _____

   _____
3. In my opinion, the applicant is physically or functionally unable to use the regular transit service. Yes ☐ No ☐
4. In my opinion, the applicant will require the service:

   Temporarily ☐ Permanently ☐ Seasonally ☐ (Oct. 1 to Apr. 30)

   If temporary, please provide an estimated duration (months) _____

I hereby certify that the information given above is correct.

Print Name: _____

Occupation: _____

Signature: _____

Date: (month/day/year) _____

Address: _____

City/Town: _____ Province: _____

Postal Code: _____ Telephone: _____

Please return the completed application to:

NWT Disabilities Council
Attn: Yellowknife Accessible Transit Application Process
Suite 116, 5102 50th Avenue
Yellowknife, NT, X1A 3S8
Applications can be faxed to 873-4124 or emailed to admin@nwtdc.net

For more information contact the NWT Disabilities Council
Local: (867) 873-8230 Toll Free: 1-800-491-8885