



Access Transit Application Form

NOVEMBER 2025



PART A Applicant Information



SaskatoonTransit.ca/Access

GENERAL INFORMATION

Access Transit is a specialized public transportation service that provides on-demand trips for individuals with temporary or permanent disabilities who cannot take fixed-route transit due to physical or cognitive limitations. Access Transit operates seven days a week, including stat holidays, and has a fleet of lift-equipped buses that provide trips within the city limits of Saskatoon. Access Transit provides a crucial service to individuals with disabilities in Saskatoon and aims to provide efficient customer service while also maintaining policies that ensure fair use of their services.

Details:

- Trips are booked up to three days in advance.
- Riders pay the same fare using the same fare payment options as fixed-route transit.
- Many Access Transit customers find using both fixed-route and Access services together to be very convenient to their lifestyle.
- Access drivers provide assistance from accessible door to accessible door.
- Drivers will assist customers in manual wheelchairs up or down one step, provided it is safe to do so.
- Access transit is a **shared-ride service, not a taxi service**, so trips are rarely direct from one point to another.

Access Transit passengers may encounter travel times of up to 75 minutes. Fares can be paid using cash, mobile ticketing (TGo or Transit app) or Transit Go Cards which are accepted on all Saskatoon Transit vehicles.

Access Transit has a No-Show and Late Cancellation policy to curb the high number of no-shows and late-cancelled trips. Accumulation of points above a certain level will result in restricted or limited use of Access Transit.

Applicants are encouraged to use Saskatoon Transit's accessible low-floor buses. For more information about Saskatoon Transit Services, call 306-975-3100 or visit [SaskatoonTransit.ca](https://saskatoontransit.ca).

Please send completed application forms to:



Mail:

Access Transit
422 46th Street East
Saskatoon, SK S7K 0W9



Email:

AccessTransitRegistrations@saskatoon.ca



Fax:

306-975-3572

PLEASE DO NOT FAX THIS PAGE

APPLICATION

- The purpose of the Application Form is to ensure all passengers meet the eligibility requirements.
- Any charges incurred for completing this form or for obtaining additional information are the responsibility of the applicant.
- The completion of the application form does not guarantee eligibility.
- Only fully completed, signed applications will be considered for approval.
- Incomplete forms will be returned and you will be required to provide complete information before your application will be reviewed.
- Applications are reviewed regularly. You may be required to reapply periodically to renew eligibility.
- Please photocopy the entire completed application for your records in case the original application is not received by Access Transit.
- Please review this application with your medical professional prior to submission.

Part A: must be completed by all applicants.

Part B: must be completed and signed by a qualified health care practitioner familiar with your disability.
E.g., a Licensed Physician, Physician Assistant, Nurse Practitioner, Physical Therapist, Occupational Therapist, Psychologist, RN/LPN, Recreational Therapist or Optometrist.

This information is being collected by Access Transit for the purposes of determining eligibility for services. All personal information will be managed in accordance with *The Local Authority Freedom of Information and Protection of Privacy Act*. If you have any questions, please call the Access and Privacy Office at 306-975-3240.

For more information, please call Access Transit at **306-975-3555** or email AccessTransit@saskatoon.ca

APPEAL PROCESS

Applications must be submitted within 30 days (about 4 and a half weeks) of decision. Applicants whose application for Access Transit service is denied will receive a follow-up letter. If you have questions about a denied application, please call 306-975-3555 during business hours. Appeals to the decision may also be made in writing to:



Secretary, Access Transit Appeals Board
City Clerk's Office
City of Saskatoon
222 3rd Avenue North
Saskatoon, SK S7K 0J5

For enquiries regarding the appeals process, please contact the Secretary of the Access Transit Appeals Board, City Clerk's Office at 306-975-3240.

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☐ New Application ☐ Renewal

First Name: _____ Date of Birth: / /
Y Y M M D D

City: _____ Postal Code: _____

Home Phone: (____) _____ Cell Phone: (____) _____

☐ I use a wheelchair or scooter on a permanent basis, all the time.

Relationship to Applicant: _____

Emergency Contact Phone Number: (____) _____

Name: _____

Address: _____

City: _____ Postal Code: _____

☐ Approved Unconditional (Permanent)☐ Approved Conditional (Seasonal)☐ Mandatory Attendant

Expiry date: / /
 YY MM DD

Approved by (Supervisor name): _____

Comments: _____

- ☐ Approved Temporary (Up to two years)

☐ DeniedRegistration Date: ____ / ____ / ____
 YY MM PP

Info Package Sent: / /
 YY MM DD

1. Which mobility aid(s) do you use (check all that apply)?

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Manual Wheelchair (non-collapsible) | <input type="checkbox"/> Prosthesis |
| <input type="checkbox"/> Walking cane | <input type="checkbox"/> Manual Wheelchair (collapsible) | <input type="checkbox"/> Oxygen* |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> Motorized Wheelchair* | <input type="checkbox"/> Respirator* |
| <input type="checkbox"/> Walker | <input type="checkbox"/> Oversize Wheelchair* | <input type="checkbox"/> Ventilator |
| <input type="checkbox"/> Leg Braces | <input type="checkbox"/> Scooter* | <input type="checkbox"/> Service Animal** |
| <input type="checkbox"/> Broda Chair* | <input type="checkbox"/> Communication Device | <input type="checkbox"/> White cane |
| <input type="checkbox"/> Other: _____ | | |

*These mobility aids must meet our size and weight requirements for proper securement. Dimensions must be listed below.

**Service animals require an additional registration form not included in this package. Please call Access Transit at 306-975-3555 to request the form.

2. If you have checked any items above marked with an asterisk (*), please provide the dimensions below:

Measure side to side at the widest point, front to back at the widest point, and top to bottom at the tallest and lowest points. An example is provided in the first row:

Device	Width side to side inches/cm	Length front to back inches/cm	Height top to bottom inches/cm	Weight lbs/kgs
<i>Example: Motorized chair</i>	<i>33 inches</i>	<i>41 inches</i>	<i>36 inches</i>	<i>150 lbs</i>

3. If applicable, does your place of residence have a ramp or platform lift?

- ☐ YES ☐ NO

4. What is the general nature of your injury/illness/disability and how does it impact your mobility?

5. Have you taken travel training through Saskatoon Transit, SCOA, or CNIB for fixed-route transit?

☐ YES ☐ NO

If yes, did the training include any of the following:

☐ Use of the ramp/kneeler ☐ Paying fare ☐ Transfers
☐ Getting on and off the bus ☐ Using the real-time Transit app

6. Are there times of the year when you can use a fixed-route bus that accommodates your accessibility needs? Please explain.

7. What is the expected prognosis for recovery?

☐ Temporary (3-6 months) ☐ Long Term (up to 2 years)
☐ Permanent (never expected to improve)

8. Is your condition expected to be temporary?

(For example, mobility after knee surgery will improve in a few months' time.)

☐ YES, my condition is expected to improve ☐ NO, this is a permanent condition

9. How many city blocks are you able to travel alone or with a travel companion?¹ A city block is typically about 175 meters or 575 feet.

10. Does the time of day or weather impact your mobility and how you get around?

☐ YES ☐ NO

If yes, please explain what factors limit your abilities:

¹ A travel companion is an individual who travels with the client on occasion but is not mandatory for all trips. The person would pay fare as normal and provide assistance if needed.

11. Can you safely ride a low-floor, accessible fixed-route bus if there is courtesy seating available and the operator assisted with retrieving and securing your mobility aid?

☐ YES ☐ NO

12. Can you step on/off a curb and cross the street?

☐ YES ☐ NO

13. After sitting for a lengthy period can you stand without assistance?

☐ YES ☐ NO

14. Can you recognize landmarks?

☐ YES ☐ NO

15. Can you handle fare, bus pass, and transfers?

☐ YES ☐ NO

If you selected NO to any of questions 10-14, what is limiting your ability to complete the task?

16. What are your three most frequently visited destinations, and how do you currently get there?

Destination:

How do you get there now?

1) _____	_____
2) _____	_____
3) _____	_____

17. Please provide any additional information that may be relevant to your application that would allow us to better serve you.

RELEASE OF INFORMATION

I, the applicant, understand that the purpose of this application form is to determine my eligibility to use the Access Transit service. I understand further that Access Transit reserves the right to request additional information to determine eligibility.

I consent to the release of personal information to Access Transit, to the Health Care Practitioner that completes my external assessment, and, in the event of an appeal, to the Access Transit Appeals Board. I understand that the information provided will be treated confidentially.

I hereby declare that the information provided above is true and correct and represents my condition.

Applicant Signature: _____	Date: ____/____/____ Y Y M M D D
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If someone else completed this form on your behalf, please indicate below.

Name (print): _____

Signature: _____ Date: ____/____/____
Y Y M M D D

Relationship to Applicant: _____

Address: _____

Phone: (____) _____

How long have you known the applicant? _____