



# Access Transit Application Form

OCTOBER 2025



SASKATOON  
**transit**  
**Access**

[SaskatoonTransit.ca/Access](https://SaskatoonTransit.ca/Access)

## PART B: ACCESS TRANSIT EXTERNAL ASSESSMENT

**To be completed by a Health Care Practitioner** (Registered Nurse, Registered Nurse Practitioner, Registered Psychiatric Nurse, Licensed Practical Nurse, Occupational Therapist, Physical Therapist, Rehabilitation Therapist, Optometrist or Physician).

Access Transit is a specialized public transportation service for those with temporary or permanent disabilities who are restricted in using regular transit bus service. Access Transit is a shared-ride transportation service, not a taxi service. Although Access Transit attempts to minimize travel time, passengers may ride on the vehicle for up to 75 minutes.

**Any charges incurred completing this form or obtaining additional information are the responsibility of the applicant. The completion of the assessment does not guarantee eligibility.**

The purpose of this assessment is to provide sufficient information about the applicant to permit Access Transit staff to assess the applicant's eligibility for the service. Access Transit may request more information from the person completing this assessment.

- All parts of this assessment must be completed and signed by a qualified health care practitioner familiar with the applicant's disability.
- Clearly describe the applicant's ability/inability to use regular transit and under what conditions.
- Any forms that are incomplete or with responses that are unclear will be returned.
- Incomplete applications will not be processed.

**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

**For more information, call 306-975-3555.**

**PLEASE DO NOT FAX THIS PAGE**

**PART B: Licensed Health Care Providers**  
**External Assessment** (please print)

Applicant's Last Name: \_\_\_\_\_

Applicant's First Name: \_\_\_\_\_

1. I have read Part A of the Access Transit application form (Applicant Information) in its entirety.

☐ YES ☐ NO

**If no**, please review with the applicant before proceeding.

- 2. Does the applicant use a wheelchair or scooter on a permanent basis?**

☐ YES ☐ NO

- 3. What is the general nature of the applicant's injury/illness, that may impact their mobility and cause restrictions when travelling outside of their home?**

[illegible]

4. What are the objective medical restrictions that impact the applicant's abilities?

<b>Walking/Mobility/ Strength/ Endurance</b>	<i>How far? Balance? Endurance affected by cardio/pulm? Assistance with standing/sitting? Manage stairs? How many?</i>
<b>Vision/Perception</b>	
<b>Memory/Cognition</b>	<i>Any deficits that pose concern?</i>
<b>Behaviours or Attitudes that affect travelling?</b>	
<b>Other Health Concerns (that may affect mobility)</b>	<i>Diabetes, Obesity, Angina, etc.</i>

5. Are the restrictions and limitations listed above expected to change over time?  
(E.g., mobility after knee surgery will improve in a few months' time)

☐ YES ☐ NO

Please explain: \_\_\_\_\_

\_\_\_\_\_

6. What is the applicant's current treatment plan?

\_\_\_\_\_

\_\_\_\_\_

7. Do the above restrictions vary with season and/or time of day? (E.g., night, winter)

☐ YES ☐ NO

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

8. Does the applicant's disability or health condition prevent or make difficult the use of fixed-route?

☐ YES ☐ NO ☐ SOMETIMES

If yes, please indicate which elements are affected:

- ☐ Boarding or seating on fixed-route buses.  
☐ Understanding or planning fixed-route schedules.  
☐ Accessing fixed-route bus stops.

9. If travel training was provided, could the applicant learn and use the fixed-route transit system?

☐ YES ☐ NO

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

10. In rare circumstances a customer may have medical or behavioural issues that can affect their own safety (or safety of others on board) while the bus is travelling. A mandatory attendant<sup>1</sup> will be required as a safeguard for such customers on ALL bookings. Based on this definition, do you feel a mandatory attendant is required for this applicant?

☐ YES ☐ NO

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

11. Can the applicant be left alone at his/her destination or home?

☐ YES ☐ NO

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

\_\_\_\_\_

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1 An attendant must travel with the client on all trips, all the time, no exceptions. An attendant does not pay fare.

12. Did you complete a functional ability assessment (FAE) and/or a cognitive assessment of the applicant during the appointment?

☐ YES ☐ NO

If yes, please explain and provide the date the assessment was completed:

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13. Based on your assessment of this applicant, how long do they require the services of Access Transit?

☐ Less than 6 months ☐ Temporarily up to 2 years  
☐ 6 – 12 months ☐ Permanently

## INDICATE WHO COMPLETED PART B

Health care practitioner completing the form for applicant.

Name (print): \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Specialty: \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_\_

How long have you (or your agency) been involved with the assessment of this person's condition?

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

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Y Y M M D D

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.