



Universal Fare Gate Access Program

Application Form

- There is no fee to apply.
- Ensure that all sections are completed.
- Your application must be signed – *incomplete application forms will be returned.*
- For help completing this form call 604.953.3698.

About the Program

The **Universal Fare Gate Access Program** (*the “Program”*) is intended to give customers who wish to travel independently but are unable to physically tap fare media at SkyTrain and SeaBus Compass fare gates a Radio Frequency ID Card to access the gated transit system. Program applicants who may be eligible under the Program criteria will meet at a SkyTrain station with a health-care professional contracted by TransLink to determine whether the RFID Card would enable independent travel and Program eligibility is met. These meetings will be scheduled at a time and station that is convenient to the applicant.

Applicant Information

Mr. Mrs. Ms. Last Name _____ First Name _____
 Middle Name _____ Preferred Name /Also Known As _____
 Date of Birth _____ / _____ / _____
YEAR MONTH DAY
 Address _____ Apt/Unit # _____
 City _____ Postal Code _____
 Phone _____ Cell Phone _____
 E-mail _____

If mailing address is different from above, please provide below:

Address _____ Apt/Unit # _____
 City _____ Postal Code _____

If you are not enrolled in either HandyDART or HandyCard, a medical practitioner must complete the Verification section of this form (*Page 3*). Are you enrolled in the HandyDART or HandyCard programs?

HandyDART HandyCard Both Neither (*See Verification, Page 3*)

If you are currently enrolled in the HandyDART and/or HandyCard programs, please provide your Access Transit Number and/or HandyDART/HandyCard number below:

Applicant Information Continued

Do you have a disability that prevents you from physically tapping fare media at Compass fare gates?

Yes No

Does your disability require you to travel with an attendant to assist you?

Yes No Sometimes

What is preventing you from using the SkyTrain and SeaBus Compass fare gates without assistance?

Authorization

For the purpose of determining my eligibility for the Universal Fare Gate Access Program, I authorize Access Transit to contact, as required, any of the following identified below: the named “medical practitioner”.

I understand that the personal information requested on this form, and as part of the application process, is collected by TransLink pursuant to section 26(c) of the Freedom of Information and Protection of Privacy Act for the purposes of determining my eligibility for Universal Fare Gate Access Program, administering the Program, and communicating with me about Program updates or changes. Any questions regarding the collection and use of this information may be directed to TransLink Privacy Officer, 287 Nelson’s Court, New Westminster, BC, V3L 0E7 (Tel: 778.375.7500).

1. If the applicant has the mental capacity to make the decision to authorize the application but is not physically able to sign the form, the person who has explained the form to the applicant (*and received a verbal or physical gesture of consent from the applicant*) can sign the form. This consent, and how it was obtained, must be recorded next to the signature.
2. If the applicant does not have the mental capacity to make a decision regarding authorization, the applicant’s legal guardian may sign on the applicant’s behalf. The legal guardian must make a note of this next to the signature.

Name of applicant, personal representative, or legal guardian.

Signature of applicant, personal representative, or legal guardian.

Date YEAR MONTH DAY

NOTES

Verification

If the applicant is **NOT** enrolled in **HandyDART** or **HandyCard**, a medical practitioner must verify the information on this form by completing the following section:

- (A) Nature of disability/medical condition, see Eligibility below for examples.

- (B) Is this disability/medical condition

Permanent Temporary

How long do you estimate it will last? _____

Practitioner's Name _____ Organization _____

Position _____ Address _____

City _____ Postal Code _____ Phone _____

Date _____ FAX _____

YEAR

MONTH

DAY

Signature of Practitioner _____

Eligibility

An eligible user is defined as a resident of the Transportation Service Region who travels independently and due to a disability, confirmed by a medical practitioner, is physically not able to tap fare media, without assistance, at a Compass fare gate, to use Conventional SkyTrain and SeaBus.

Before completing the Verification section (page 3) refer to these guidelines:

This section must be completed by a medical practitioner of a recognized social service or health agency (*family doctor, medical specialist, public health nurse or long-term care administrator*).

Unless the applicant is already enrolled in HandyDART or HandyCard, verification must be signed and completed by a medical practitioner otherwise the incomplete forms will be returned to the customer at the address provided on page 1.

Examples for question A are:

Loco-motor related disabilities

- Limb loss
- Multiple sclerosis
- Spinal cord injury
- Conditions of a similar nature

Neurological related disabilities

- Cerebral palsy
- Parkinson's disease
- Conditions of a similar nature

Email and Mail Instructions

Email your application to:

opengates@translink.ca

OR

Mail your application to:

Coast Mountain Bus Company
Access Transit Department
700–287 Nelson’s Court
New Westminster, BC V3L 0E7
ATTN: Department C640

- Your application must be signed, incomplete application forms will be returned.
- TransLink will contact you to schedule a meeting with a health-care professional at a SkyTrain station within 5 business days of receipt of your application.