

LATS is a 'shared ride', door-to-door, driver-assisted, accessible transportation service. LATS service is available to adults (18+) with cognitive impairments and/or physical disabilities and to seniors (65+) who reside within the City of Leduc.

Completed applications can be dropped off or mailed to the Civic Centre (1 Alexandra Park, Leduc), faxed (780-980-7127), or emailed: transit@leduc.ca.

If you require further assistance to complete this form, please call LATS to set up an appointment at (780) 980-8444.

**Both parts of the application must be completed in full. Part A by the applicant and Part B by a qualified health-care practitioner (e.g. Doctor).**

### Providing Consent:

I agree that my qualified health-care or social services practitioner may provide information to LATS concerning my health or disability. I can ask to view or receive a copy of my personal information, withdraw consent for the release of my information to others, and request correction to my information that I feel is in error.

Name of applicant: \_\_\_\_\_

\_\_\_\_\_  
(applicant's signature)

\_\_\_\_\_  
(date)

Parent or legal guardian name (if required): \_\_\_\_\_

\_\_\_\_\_  
(parent/legal guardian signature)

\_\_\_\_\_  
(date)

### PART A: Personal Information to be completed by the applicant or legal guardian

1. Name: \_\_\_\_\_

Surname

First Name

Middle Name

2. Birthdate: \_\_\_\_\_ 3. Gender:  Male  Female  Non-binary

4. Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

5. Building Name (e.g. West Grove, Planeview Place): \_\_\_\_\_

6. If your mailing address is different from the above address, please list it below:

7. What door can we pick you up at?  Front  Back  Side  Other \_\_\_\_\_

8. Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

9. Email Address: \_\_\_\_\_

10. Have you ever used LATS services before?  Yes  No

11. Emergency Contacts – please list two individuals we can contact in case of an emergency:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

12. Can you be left alone at your destination?  Yes  No

13. Do you have a caregiver? Please provide their full name and contact information.

Name: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

14. Do you require LATS to assist you to/from the first set of accessible doors?  Yes  No

*Clients who do not want assistance to and from the door will be required to sign a waiver prior to using the LATS service.*

15. Do you use any mobility aids when travelling? (Please check all that apply)

- |                                                 |                                            |                                             |                                         |
|-------------------------------------------------|--------------------------------------------|---------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> None                   | <input type="checkbox"/> Long White Cane   | <input type="checkbox"/> Powered Wheelchair | <input type="checkbox"/> Service Animal |
| <input type="checkbox"/> Walking Cane(s)        | <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Hearing Aid        | <input type="checkbox"/> Leg Brace(s)   |
| <input type="checkbox"/> Interpreter/Intervener | <input type="checkbox"/> Walker            | <input type="checkbox"/> Prosthesis         | <input type="checkbox"/> Scooter        |
| <input type="checkbox"/> Other                  |                                            |                                             |                                         |

Please provide outside base dimensions and weight of wheelchairs and scooters.

Width (inches): \_\_\_\_\_ Depth (inches): \_\_\_\_\_ Weight (pounds): \_\_\_\_\_

**The device's maximum base dimensions cannot exceed 30 by 50 inches or 76 by 127 cm. The combined weight of a device and passenger cannot exceed 750 pounds or 340 kilograms. Please note: not all mobility devices fit on our vehicles.**

## PART B: Health Assessment

This form must be completed, in full, and signed by a qualified health-care or social services practitioner familiar with the applicant's disability (i.e. medical doctor, registered nurse, registered psychiatric nurse, occupational therapist, physical therapist, rehabilitation practitioner or social worker).

*NOTE: Charges for completing this form (or for obtaining additional information) are the responsibility of the applicant.*

**Medical status – Please describe the applicant's current condition that necessitates LATS assistance:**

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**Please indicate the type of disability:**

Functional     Cognitive     Sensory     Seizure disorder     Other (specify)

Additional Information: \_\_\_\_\_

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**Please check any which apply to the applicant:**

None                       Visually impaired                       Oxygen tank  
 Easily confused/wanders                       Hearing impaired                       Is easily upset  
 Cannot be left unattended                       Seizure Disorder  
 Other: \_\_\_\_\_

**Does the applicant need to travel with a Service Animal (e.g. Seeing Eye Dog)?**     Yes     No

Service Animals will need to use either an identifiable vest or carry an identification card recognizing the animal as a Service Animal.

Applicants must attach a copy of their service animal's identification card.

Mandatory Attendants may be assigned when a LATS client needs **individual assistance onboard the vehicle** due to a medical condition and/or behavioural concern. MA status will not be assigned to clients who are able to travel on their own and only need help once at their destination. Please note: clients who travel with an MA will not be permitted to travel without their MA. MAs are not required to pay a fare.

**LATS drivers cannot supervise clients who require constant or frequent attention due to medical or behavioural reasons. In your opinion, should the applicant travel with a mandatory attendant?**

Yes       No

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

**Should this person be seatbelt exempt?**       Yes       No

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

**NOTE:** To meet provincial requirements, LATS requires a letter from a qualified healthcare provider, written on letterhead containing the clients name, address, reason for exemption, and start/end date of exemption. LATS requires a new letter on an annual basis.

Name of practitioner: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_

I, \_\_\_\_\_, certify that I'm currently a licenced health-care practitioner under the Alberta Health Professions Act. I hereby declare that the information provided by me is true and correct.

\_\_\_\_\_  
(practitioner's signature)

\_\_\_\_\_  
(date)

This information is being collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy Act ("FOIP Act") and will be used by the City of Leduc for processing this form and to determine eligibility for LATS. Information collected on this form may also be used by the City of Leduc for statistical, research or transit training purposes, to improve LATS service. Personal information is protected by the privacy provisions of the FOIP Act. If you have any questions, contact the City of Leduc Public Transportation department at 780-980-7177.

## WAIVER AND ASSUMPTION OF RISK

I, \_\_\_\_\_ [Name of Parent, Legal Guardian or Legal Representative],  
on behalf of \_\_\_\_\_ [Name of LATS Registrant],  
understand and acknowledge that:

- Leduc Assisted Transportation Services (LATS) provides registered users with door-to-door entry and exit assistance, as well as assistance with boarding or disembarking from LATS vehicles (collectively, "Ambulatory Assistance Services");
- Ambulatory Assistance Services are provided at no extra cost to LATS registrants; and

I confirm that the LATS Registrant, and the LATS Registrant's heirs, executors, administrators and assigns, hereby release and agree to hold harmless the City of Leduc, its respective servants, agents or employees, and the LATS driver and/or the LATS vehicle owner, from all losses, injuries, damages, demands, actions or causes of action whatsoever arising out of, or in consequence of, my refusal of Ambulatory Assistance Services. This release applies despite any loss, injury, death or damage that arises by reason of the negligence of the City of Leduc, its servants, agents or employees or the LATS driver and/or the LATS vehicle owner.

Signed at the City of Leduc on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ in the presence of one witness:

**PLEASE READ THIS WAIVER  
CAREFULLY.**

**BY SIGNING THIS RELEASE, YOU ARE  
GIVING UP CERTAIN RIGHTS TO MAKE  
CLAIMS AGAINST THE CITY OF LEDUC,  
THE LATS DRIVER, AND THE OWNER  
OF THE LATS VEHICLE.**

\_\_\_\_\_  
Signature of Parent, Guardian or Legal Representative

\_\_\_\_\_  
Printed name of Parent, Guardian or Legal  
Representative

\_\_\_\_\_  
Signature of witness

\_\_\_\_\_  
Printed name of witness

## WAIVER AND ASSUMPTION OF RISK

I, \_\_\_\_\_ (name of LATS client), understand and acknowledge that:

- Leduc Assisted Transportation Services (LATS) provides registered users with door-to-door entry and exit assistance, as well as assistance with boarding or disembarking from LATS vehicles (collectively, "Ambulatory Assistance Services");
- Ambulatory Assistance Services are provided at no extra cost to LATS registrants; and
- loss, injury, death, or damages to my person and property may result from my refusal of Ambulatory Assistance Services.

I, for myself, my heirs, executors, administrators and assigns, hereby release and agree to hold harmless the City of Leduc, its respective servants, agents or employees, and the LATS driver and/or the LATS vehicle owner, from all losses, injuries, damages, demands, actions or causes of action whatsoever arising out of, or in consequence of, my refusal of Ambulatory Assistance Services. This release applies despite any loss, injury, death or damage that arises by reason of the negligence of the City of Leduc, its servants, agents or employees or the LATS driver and/or the LATS vehicle owner.

Signed at the City of Leduc on the \_\_\_\_\_ day of \_\_\_\_\_, 2024 in the presence of one witness:

**PLEASE READ THIS WAIVER  
CAREFULLY.**

**BY SIGNING THIS RELEASE, YOU ARE  
GIVING UP CERTAIN RIGHTS TO MAKE  
CLAIMS AGAINST THE CITY OF LEDUC,  
THE LATS DRIVER, AND THE OWNER  
OF THE LATS VEHICLE.**

\_\_\_\_\_  
Signature of LATS Registrant

\_\_\_\_\_  
Printed name of LATS Registrant

\_\_\_\_\_  
Signature of witness

\_\_\_\_\_  
Printed name of witness