

Taxi Saver Program

Taxi Saver allows seniors and people with disabilities greater convenience for spontaneous travel throughout Mackenzie.

Eligibility

You are eligible for a *HandyPass* if you have a physical or mental disability, or if you are over 65. Taxi Saver coupons will be sold only to *HandyPass* holders 18 years of age or older. Proof of eligibility is required.

For a disability *HandyPass* you will be asked to have the Proof of Disability form (Schedule A of this document) signed by your physician or



provide proof (e.g. disability cheque stub) that you are receiving assistance for, and have met the criteria of, a person with disabilities as defined under the *Employment and Assistance for Persons with Disabilities Act*, and met the BCTransit HandyDart criteria.

How it Works

Taxi Saver provides a 50% subsidy towards the cost of taxi rides. Eligible individuals purchase \$60 worth of Taxi Saver coupons for \$30. The purchaser uses the coupons to pay the dollar meter rate of taxi fare. For example, if a taxi fare is \$5.80, the passenger pays \$5.00 in coupons and 80 cents in change. Coupons cannot be used for tips. Taxi Saver coupons may be purchased during regular business hours at the Municipal Office.

Conditions of Use

Your *HandyPass* is not transferable to other individuals or other transit systems. The pass must be presented to the cab driver when paying the fare.



Name	<u>:</u>	
Phone	e:	
Email	·	
Addre	ess:	
l am a	applying for a non-transferable <i>HandyPass</i> for my own use: (choose one)	
	65 and over (please submit proof of age)	
	Disability (please have your physician complete Schedule A of this form)	
Applic	cant Signature: Date:	

Submit Application to:

Taxi Saver Program
District of Mackenzie
P.O. Bag 340, 1 Mackenzie Blvd.
Mackenzie BC, V0J 2C0

Email: info@districtofmackenzie.ca Phone: 250-997-3221 Hours: 8:30 am – 4:30 pm



ELIGIBILITY FOR DISABILITY HANDYPASS

Mackenzie Taxi Saver Program is a special service for persons 18 years of age or older who have a disability which has been confirmed by a medical practitioner that is sufficiently severe that the person is handicapped.

For a Disability HandyPass you will be asked to have this Proof of Disability form signed by your physician, or provide proof (e.g. Disability cheque) that you are currently receiving assistance for, and have met the criteria of, a Person with Disabilities under the Employment and Assistance for Persons with Disabilities Act, and by meeting the criteria for HandyDart. (a) Proof of Disability (e.g. cheque stub) has been presented and criteria met. Form to be completed by medical practitioner _____ (b) Criteria from the Employment and Assistance for Persons with Disabilities Act and BC Transit

HandyDart on royerse

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l,			meet the criteria as noted on this form.	
Medical Practitioner	's Name:			
Address:				
City:			Province:	
Postal Code:			<u> </u>	
Type of Disability:			Date on which recovery is expected:	
	isability that m	eets the	e established criteria and that is sufficiently severe that	(name he/she
Signature of Medica	l Practitioner			