

Scheduled Route Service Application Form



香港復康會
The Hong Kong Society
for Rehabilitation
復康巴士
Rehabus

Notes for Applications

1. Rehabus Scheduled Route Service (SRS) provides a regular point-to-point public transport service for eligible persons with disabilities (PWDs)^{Note 1} who hold the Hong Kong Identity Cards and have difficulties in using public transport to travel to and from certain destinations (i.e. workplaces, schools, training centres or medical institutions). As SRS is for shared use, applicants are required to accept changes in schedule (including boarding and alighting times and locations), routes, number of passengers, as well as changes to the drivers and vehicles if the commuting time and other aspects of the service arrangement are reasonable and within the accepted time range in the future.
2. SRS is operated from Mondays to Saturdays (except public holidays), 06:30 to 10:00 in the morning and 15:00 to 19:00 in the afternoon. On Saturdays, return trips can be arranged from 12:00 to 14:00 with fixed schedule and locations.
3. “Half-monthly Pass” is applicable to application for 5 or 6 trips per week. “Monthly Pass” is applicable to application for more than 6 trips per week. Please refer to “Notes for Users and Payments for Scheduled Route Service” (FES/02e) for details of payment.
4. Personal data of the applicants may be used for the purposes of study, research and development of our services in addition to the processing of the applications. Such data may be transferred to other government departments and bureaus for any matters relating to Rehabus services. Please refer to “Notes about Personal Data (Privacy) Ordinance” (FEG/14e) for details.
5. How to apply and procedure for applications processing:
 - 5.1 Applicant shall submit the completed application form together with ① a copy of the applicant’s identity document^{Note 2} and ② a copy of proof of correspondence address issued in the last 3 months^{Note 3} to Rehabus. Application can be submitted by various channels below:
 - a) Mailing^{Note 4} Address: Rm7, G/F., Lam Tin Complex, 7 Rehab Path, Lam Tin, KLN.
Attention to “Rehabus – SRS application”
 - b) Fax no. : 2855 7106
 - c) Email Address: rbsrs@rehabociety.org.hk (please state in the email subject box “SRS application of ‘the name of applicant’” for identification)
 - 5.2 Application will be considered and processed further only after receiving the application form and all copies of supporting documents mentioned in section 5.1. Acknowledgement of receipt will be sent out by mail, fax or email within 7 working days from the date of receiving all required documents.
 - 5.3 If the application form and all copies of supporting documents are received from the 1st to 15th day of current month (based on the postmark date), the applicant will be notified of the result on or before the 15th day of next month. If the application form and all copies of supporting documents are received from the 16th day to the end of current month, the applicant will be notified of the result by the end of next month. Whether the application is successful or not, a notification of the application result will be sent out by mail, fax or email.
 - 5.4 If the applicant’s request can be catered by the existing routes/schedules, we will inform the applicant and confirm the service arrangement in writing. If the applicant does not accept the proposed arrangement, we will inform the applicant in writing and put his/her application on the ‘waiting list’. If any applicant on the waiting list has refused to accept the proposed arrangement for three times, his/her application would automatically be treated as invalid and he/she would be informed by mail, fax or email in this regard. He/she shall submit the application again if the service is still required.



- 5.5 An application may be unsuccessful if the applicant's request cannot be catered by the existing routes/schedules. We will inform the unsuccessful applicant in writing and put his/her application on the 'waiting list' for 3 months. During that period, we will conduct regular review and discuss with the applicant when there is any suggestion for service arrangement. If no service has been arranged during the 3 months' period, we would ask the applicant whether he/she would continue waiting for the service and confirm the validity of the information provided in the application form. The applicant waiting for SRS shall return the "reply slip" within two weeks from the date of the above-mentioned letter issued, otherwise, without reasonable explanation, the application would be deemed to be withdrawn automatically.
- 5.6 During the application period, the applicant shall notify us in writing for any changes in his/her personal data or service requirement provided in the application form. Acknowledgement of receipt will also be issued by mail, fax or email. If the applicant waiting for SRS intends to withdraw the application, he/she shall contact Rehabus as soon as possible.
6. For wheelchair users, please note the following limitations:
- 6.1 The maximum loading capacity of power lifters for wheelchairs is 300kg;
- 6.2 The maximum length and width for wheelchair space are 1200mm (L) x 700mm (W);
- 6.3 The safety locks for wheelchairs are designed according to ISO10542 standard. Wheelchair users must be secured by wheelchair tie-down system in Rehabus.
7. If for health reason, an applicant needs to carry medical/surviving device(s) when riding Rehabus, please specify in Part A-8 "Other Needs" so that we can make the most possible and appropriate arrangement(s).
8. The following applications will not be considered if:
- 8.1 the applicant is not an eligible PWD holding Hong Kong Identity Card; ^{Note 1}
- 8.2 less than 5 trips per week (each morning trip and afternoon trip will be counted as one trip respectively) are applied;
- 8.3 the schedule and location of boarding and alighting are not fixed and need to be changed frequently;
- 8.4 the applicant has an alternative means of transport provided by concerned school/institution;
- 8.5 the service starts beyond 2 months from the date of application;
- 8.6 the wheelchair used by the applicant have exceeded the relevant limitations set out in section 6 above which may affect safety, operation or other passengers; or
- 8.7 the applicant provides false information or fails to provide information within the required time frame.
9. There will be no prior notice given in the future if this application form or other related notes and rules for passengers are updated. For enquiries, please visit our website at <http://www.rehabsociety.org.hk> (select [Our Services][Transport & Travel][Rehabus Service]) or call our service hotline at 2817-8154 (please follow the instructions of our voice response system and contact our staff handling SRS).

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Note 1: "Eligible PWD holding Hong Kong Identity Card" refers to:

- any PWD who holds a Hong Kong Identity Card issued under the Registration of Persons Ordinance (Chapter 177), except those who obtained their Hong Kong Identity Card by virtue of a previous permission to land or remain in Hong Kong granted to them and for whom such permission has expired or ceased to be valid;
- any child with disabilities who is a Hong Kong residents and under 11 years of age;
- any PWD who holds Certificate of Exemption (<http://www.immd.gov.hk/eng/services/hkid/appforcert.html>) .

The able-bodied can use Rebus services in the capacity of "escort" so as to address the special needs of PWDs. Any applicant under 3 years old must be accompanied by an able-bodied person aged 18 or above when using Rebus services. Rebus reserves the rights to request for escorts depending on the conditions of passengers.

Note 2: The copy of the identity document will be destroyed after verification.

Note 3: This must be a proof of address of the applicant or the parent/guardian stated in the application form. The proof of address (including utility or telecommunication bills, correspondence from government departments, public organizations, banks or local universities/post-secondary education institutions) , in Chinese or English, must be issued within three months from the application date. The applicant or his/her parent/guardian shall notify us in writing of any change in the address and submit the latest proof of address accordingly. The copy of the proof of address will be destroyed after verification.

Note 4: Underpaid mail items are subject to surcharge by Hongkong Post. We will not accept underpaid mail items, which will be handled by Hongkong Post. For proper delivery of your mail items to us, and to avoid unnecessary delivery delay (e.g. return to the sender), please ensure your mail items bear sufficient postage before posting.



Rehabus Scheduled Route Service Application Form

<i>Official Use Only</i>	No: _____	Date of receipt of all documents: _____	
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Note: For our correct and efficient processing of applications, applicant is required to fill in all items in Part A and B clearly.
If you have not filled in all items, your application may not be considered.

Part A: Personal Information (“✓” the appropriate box(es); “*” delete where appropriate)

1. Name (English): _____
Surname First name

2. Sex: Male Female

3. Date of Birth: _____ (year) _____ (month) _____ (day)

4. HKID/Birth Certificate/Certificate of Exemption No.* (please provide a clear copy):

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Prefix and the first 4 digits

(if applicable) Registration Card for People with Disabilities Serial No. : _____

Disability Type Marked on Card _____ Valid till: _____

5. Name of Applicant or Parent/Guardian* : _____

Home Telephone No. _____ Day-time Contact No. (i) _____ (ii) _____

(if applicable) Fax No _____ Email Address _____

6. Correspondence Address: (Please provide a copy of proof of address issued in the last 3 months. If you have any questions or difficulties in providing the proof, please specify)

Room: _____ Floor: _____ Block: _____ Name of Building (Estate): _____

No. and Name of Street (Village): _____

District (by District Council District): _____ Hong Kong/Kowloon/New Territories*

7. Conditions of Mobility Difficulties

- Electrical-Wheelchair bound, incapable of transferring seat
- Wheelchair-bound, incapable of transferring seat
- Wheelchair-bound, capable of transferring seat
- Buggy, incapable of transferring seat
- Crutches / Calipers
- Leg braces/Artificial limbs (e.g. persons recovered from infantile paralysis)
- Visually impaired
- Other mobility difficulties which do not need walking aids (e.g. spasm, epilepsy and heart disease, etc.)

Wheelchair Details:	Gross Weight (including user) _____ Kg/Pound*
Dimensions should include all accessories/spaces required	
<input type="checkbox"/> with photo	<input type="checkbox"/> without photo
	length _____ mm
	width _____ mm

Attach medical certificate signed by doctors or healthcare professionals

8. Other Needs (e.g. need to carry medical/surviving device(s) when riding Rehabus for health reasons):

- Attach medical certificate signed by doctors or healthcare professionals Attach photo
- Please see _____ separate sheet(s) for information

Name of Applicant/Guardian*: _____ Signature: _____ Date: _____



Part B: Details of Service Requested

(“✓” the appropriate box(es); “*” delete where appropriate)

9. Please specify the mode(s) of transport you are using now or will use if there is no Rehabus service available to you. If you need to switch to various modes of transport, you can choose more than one item. (Note: according to the prevailing policy, applicant who has an alternative means of transport provided by concerned school or institution is not eligible for SRS.)

- Public Bus Public Light Bus MTR Light Rail Taxi
 Drive Yourself Drive by family or friends Walk to the Destination/Station
 Others (Please specify) _____

Please specify the reason(s) why you are unable to use public transport and need to apply for SRS.	
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10. Purpose of Use:

- Go to Work (work includes salaried job, self-employed job and volunteer service. Except for being self-employed, applicant shall provide supporting documents on his/her job or volunteer service (e.g. employment letter issued by employer or letter concerning volunteer service) at the time of application or within three months from the service start date. SRS will be terminated if he/she fails to provide such document.)
 Schooling (complete school year) #
 Schooling (short-term course, duration: _____ month(s)/ _____ year(s) *) #
 Training (duration: _____ month(s)/ _____ year(s) /long term*) #
 Medical Treatment (duration: _____ month(s)/ _____ year(s)/long term*) #
 Others (please specify) _____ (# See section 17)

11. Service Start Date: _____ (year) _____ (month) _____ (day)
 (Service shall start within 2 months from the date of application)

12. Boarding Point (i.e. boarding point of the morning trip and alighting point of the afternoon trip):

Name of Estate or Building: _____
 No. and Name of Street (Village): _____
 District (by District Council District): _____ Hong Kong/Kowloon/New Territories*
 Other landmarks which can help identify the location (please specify): _____

(such as the road outside a building/designated disabled driver parking space/outside the emergency crash gate/opposite to 7-11 convenience store)

Name of Institution (Centre/Home): _____ Telephone No. : _____

13. Destination (i.e. alighting point of the morning trip and boarding point of the afternoon trip):

Name of Estate or Building: _____
 No. and Name of Street (Village): _____
 District (by District Council District): _____ Hong Kong/Kowloon/New Territories*
 Other landmarks which can help identify the location (please specify): _____

(such as the road outside a building/designated disabled driver parking space/outside the emergency crash gate/opposite to 7-11 convenience store)

Name of Institution (Centre/Home): _____ Telephone No. : _____

14. Will anyone pick you up at the alighting point of the destination? Yes No

Name of Applicant/Guardian*: _____ Signature: _____ Date: _____



Part B: Details of Service Requested (“✓” the appropriate box(es); “*” delete where appropriate)

15. Date and Time of Use:

(SRS is a shared service subsidized by the government. If applicants can accept flexible boarding and alighting times and locations, it will boost the chance of getting the service.)

MON TUE WED THU FRI

Morning Trip: Earliest Boarding Time _____

Morning Trip: Latest Arrival Time at Destination (e.g. 10 minutes before class or work) _____

Afternoon Trip: Earliest Departure Time at Destination (e.g. 15 minutes after class or work) _____

Afternoon Trip: Latest Alighting Time _____

Longest commuting time you may accept: Within 60 mins Within 90 mins Within 120 mins
 Any commuting time will do

If you apply for round trip service, you will accept arrangement for one-way trip service only
 will not accept arrangement for one-way trip service only

If SRS can only be arranged for part of your journey, such as from the place below your apartment to public transport interchange, will you accept:

Yes No

Other flexibility you may accept (please specify): _____

SAT (if applicable)

Morning Trip: Earliest Boarding Time _____

Morning Trip: Latest Arrival Time at Destination (e.g. 10 minutes before work) _____

Midday Trip/Afternoon trip: Earliest Departure Time at Destination (e.g. 15 minutes after work) _____

Midday Trip/Afternoon trip: Latest Alighting Time _____

Longest commuting time you may accept: Within 60 mins Within 90 mins Within 120 mins
 Any commuting time will do

If you apply for round trip service, you will accept arrangement for one-way trip service only
 will not accept arrangement for one-way trip service only

If SRS can only be arranged for part of your journey, such as from the place below your apartment to public transport interchange, will you accept:

Yes No

Other flexibility you may accept (please specify): _____

16. Need to be accompanied by an able-bodied person when using Rehabus service:

No Yes (Please fill in Part C)

17. Name of referring school/centre/agency: (Applicant shall submit the referral document at the time of application, otherwise his/her application will not be considered.)

Name of Referring Staff: _____

(Position) Principal Teacher Social Worker Healthcare Staff

Others (Please specify) _____

Contact No. : _____ Fax No. : _____

Signature of Referring Staff: _____ Chop of Referring School/Centre/Agency

Name of Applicant/Guardian*: _____ Signature: _____ Date: _____

Note: Please read carefully the “Declaration” set out on Page 4.



Part C: Other Information (Please fill in as applicable)

I declare that I need to be accompanied by able-bodied person(s) when using Rehabus service due to personal health reasons. I also understand that each applicant with mobility difficulties can be accompanied by up to two escorts according to the prevailing policy. The information of ____escort(s) is listed as follows:

(i) Relationship between the applicant and the escort: _____

Name: _____ Contact No. : _____

(ii) Relationship between the applicant and the escort: _____

Name: _____ Contact No. : _____

I agree to pay the fares of the escort(s) for using SRS. I also agree that the escort(s) shall not use Rehabus service when the applicant is not using such service.

Name of Applicant/Guardian*: _____ Signature: _____ Date: _____

Declaration

I hereby declare that I, the service user or his/her guardian, am aged 18 years or above. I declare that to the best of my knowledge, the information given above is true and complete. Besides, I hereby declare that I have read through the content of this SRS application form and understand the notes for attention, and will comply with Notes for Users and Payments and Rules for Passengers.

Name of Applicant/ Guardian*: _____ Signature: _____ Date: _____

