



Application Form for Pooled Dial-a-Ride Service

Notes for Application (This form is for the use of registered Rehabus customer only)

- (1) Pooled Dial-a-Ride Service (PDAR) is a share-ride round trip service provided on weekly basis taking registered Rehabus customers (especially those living in boarding facilities and care homes) to and from schools, workshops and care homes. Passengers on similar routes will share a Rehabus instead of booking Dial-a-Ride service separately, in order to make good use of resources.
- (2) PDAR takes customers home on Friday or Saturday, and takes customers back to schools, workshops or care homes on Sunday or Monday. Applicants must have fixed schedules as well as boarding and alighting points.
- (3) Only applications for PDAR that start within two months after the date of application will be accepted.
- (4) To attend to the special needs of customers, each applicant can apply for up to two carers for PDAR. The fare of one carer will be waived, while the second carer will have to pay the fare. However, if the route can cater for other applicants' requests, we may stop arranging service for one of the two carers if necessary, so as to provide service for other applicants in need.
- (5) A minimum of 4 passengers (excluding carers who use PDAR for free) is required for each PDAR route. Please refer to "Notes for Customers and Payments for Pooled Dial-a-Ride Service" for details of the service.
- (6) Applicants can apply for the service directly through the ICOMS website or mobile app, or submit the registration form by mail. For details, please refer to "Points to Note", "Submission Methods" and "Application Process" on pages 7.
- (7) Applicants must complete all "*" mandatory fields of this form by providing correct information and required supporting documents for effective processing. Application may not be processed if the required documents have not been provided.
- (8) Enquiry: 2824 6500 (Select language and follow the voice instruction to contact our staff.)

Service Application Information

"*" mandatory

PART 1 - Basic Information

Given Name in English*		Surname in English*	
Customer ID *	(If you forget your Customer ID, please provide the alphabet and first 4 digits of your Identity Document no.)		

PART 2 - Information of Contact Person for this Application (The contact person can be the customer himself / herself, his/her family member / guardian, or a social worker or staff member of a caring centre / hostel / organisation who assist in this application)

"*" mandatory

Name of Contact		Phone No. of Contact Person *	
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Person for this Application *		(Please provide weekday daytime contact no.)	
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PART 3 - Trip Purpose

**** mandatory*

Trip Purpose * (Please insert a "✓" as appropriate. Select one option only)	Type	Notes		
	<input type="checkbox"/> Return home at weekends <input type="checkbox"/> Others (Please specify)	Please provide a referral letter printed with letterhead and stamped with the chop of the referring organisation at the time of application and fill in the information of the referring organisation below.		
Supplementary Information on the trip purpose				
Information of Referring Organisation *	Name of School / Caring Centre / Hostel			
	Name of Contact Staff			
	Position of the Contact Staff (Please insert a "✓" as appropriate.)	<input type="checkbox"/> Principal <input type="checkbox"/> Officer of the Centre <input type="checkbox"/> Teacher <input type="checkbox"/> Social Worker <input type="checkbox"/> Healthcare Staff <input type="checkbox"/> Others (Please specify) :		
	Phone No. of the Contact Staff		Fax No. of the Organisation	
	Email Address of the Contact Staff			

PART 4 - Date of Use (See points 2 and 3 of the Notes for Application)

**** mandatory*

Service Start Date * (yyyy/mm/dd) (Service must start within two months after the date of application)		Duration *	Long-term / Until ____ (yyyy) / ____ (mm) (Delete whichever is inapplicable)
No. of Trips to be Taken Per Week * (Please insert a "✓" as appropriate)	Home-bound (Select one option only)	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
	Organisation-bound (Select one option only)	<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday

PART 5 - Requested Service Time (An accepted time range allows more flexibility in scheduling. As Rehabus is a shared-use service, the requested service time is only used as reference when scheduling. See point 1 and 2 of the Notes for Application) **** mandatory*

(<i>***</i> mandatory fields)	First Trip (Home-bound) Friday / Saturday	Second Trip (Organisation-bound) Sunday / Monday
Earliest Pick-up Time *		
Preferred Arrival Time at Destination *		
Latest Arrival Time at Destination *		

PART 6 - Requested Location (As Rehabus is a shared-use service, service will be arranged according to the actual route, therefore the requested locations are only used as reference when scheduling. See point 1 of the Notes for Application) **** mandatory*

Pick-up Point *	(Pick-up point of the first trip and drop-off point of the second trip)
Supplementary Information on Pick-up Point	(e.g. should enter the gate to the roundabout of the estate / outside the emergency crash gate, the name of school / organisation / landmark, etc)
Drop-off Point *	(Drop-off point of the first trip and pick-up point of the second trip)
Supplementary Information on Drop-off Point	(e.g. should enter the gate to the roundabout of the estate / outside the emergency crash gate, the name of school / organisation / landmark, etc)

PART 7 - Number and Information of Carers (The second carer should pay fares for PDAR. **If the customer with mobility impairment doesn't ride on rehabus, the carers cannot use the service alone.**)

"" mandatory*

No. of Carer (up to two carers) * (Please insert a "✓" as appropriate. Select one option only)	<input type="checkbox"/> 0 i.e. no carer		
	<input type="checkbox"/> 1 You are required to fill in the information of Carer (1) below		
	<input type="checkbox"/> 2 You are required to fill in the information of Carer (2) below and the field with "#"		

Carer (1)	Name		Contact No.	
	Will carer(1) accompany the customer for every trips? (Please insert a "✓" as appropriate)		<input type="checkbox"/> Yes <input type="checkbox"/> No (Please fill in the following item^)	
	^ If the trips to be taken by carer(1) differ from that of the customer, please select the trips to be taken by carer(1) per week (Note: should not be more than the number of trips requested by the applicant) (Please insert a "✓" as appropriate)		Home-bound <input type="checkbox"/> Friday <input type="checkbox"/> Saturday Organisation-bound <input type="checkbox"/> Sunday <input type="checkbox"/> Monday	
	In the event of seat limitations, will the customer accept using the service alone first while carer(1) is placed on the waiting list? (Please insert a "✓" as appropriate)		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Carer (2)	Name		Contact No.	
	Will carer(2) accompany the customer for every trips? (Please insert a "✓" as appropriate)		<input type="checkbox"/> Yes <input type="checkbox"/> No (Please fill in the following item ~)	
	~ If the trips to be taken by carer(2) differ from that of the customer, please select the trips to be taken by carer(2) per week (Note: should not be more than the number of trips requested by the applicant) (Please insert a "✓" as appropriate)		Home-bound <input type="checkbox"/> Friday <input type="checkbox"/> Saturday Organisation-bound <input type="checkbox"/> Sunday <input type="checkbox"/> Monday	
	In the event of seat limitations, will the customer accept using the service alone first while carer(2) is placed on the waiting list? (Please insert a "✓" as appropriate)		<input type="checkbox"/> Yes <input type="checkbox"/> No	

PART 7 - Number and Information of Carers (The second carer should pay fares for PDAR. **If the customer with mobility impairment doesn't ride on rehabus, the carers cannot use the service alone.**)

"*" mandatory

Please specify the reason for requiring two carers (Please provide supporting document signed by doctor or social worker within two months from the date of application or before any proposed available service (whichever is earlier))

PART 8 - Service Flexibility

"*" mandatory

Accept service arrangement to public transport interchange only? *

(Please insert a "✓" as appropriate)

☐ Accept (If point-to-point service cannot be arranged, indication of "Accept" means that the applicant agree to accept transportation to nearby public transport interchange to change to other modes of transport)

☐ Not Accept

PART 9 - Others

"*" mandatory

Customer already arrange pick up at the destination? *

(Please insert a "✓" as appropriate)

☐ Yes (If no one pick-up the customer at the alighting point of the destination, our bus captain will take the customer back to starting point. So please wait for the bus early. Thank you for your cooperation.)

☐ No (Bus captain will leave after the customer has alighten at the destination. Thank you for your attention.)

Please specify the reason(s) why the customer is unable to use public transport *

(Please insert a "✓" as appropriate, may select more than one item)

- ☐ No point-to-point public transportation
- ☐ Difficult to board public transport carriers during peak hours
- ☐ Long distance between your residence and public transport stations which takes more than _____ minutes to walk
- ☐ Have to go through slopes or staircases between your residence and public transport stations
- ☐ No transport services provided by schools / caring centres / organisations
- ☐ Fares of public transport / transport service provided by organisations are expensive
- ☐ No family members can arrange the picking up of the customer
- ☐ Others, please specify:

PART 9 - Others		"*" mandatory	
Supplementary Information for customer who indicates "Others" as the reason for being unable to use public transport			
Require service when Typhoon Signal No.3 is in force? * (To collect users' intentions in advance for better arrangement) (Please insert a "✓" as appropriate)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Will decide in times of typhoon depending on the actual situation		
Require service when Red Rainstorm Warning Signal is in force? * (To collect users' intentions in advance for better arrangement) (Please insert a "✓" as appropriate)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Will decide in times of rainstorm depending on the actual situation		
Special Requests / Notes (Please indicate customer's special needs in service arrangement or delivery (e.g. need to carry medical/surviving device(s) onboard; wheelchair can only be secured in the middle of the vehicle, etc.)			

PART 10 - Signature and Declaration		"*" mandatory	
Please insert a "✓" as appropriate. Select one option only.			
<p>I _____ * (please fill in full name in Capital letters) am aged 18 or above, being <input type="checkbox"/> the customer applying for PDAR (i.e. the applicant) / <input type="checkbox"/> the parent / guardian (i.e. the person responsible for handling Rehabus service-related matters for the customer) of the applicant. I declare that the information provided in this form is correct. I shall notify Rebus about any change of information. I have read and understood the notes set out in this application form, and agree to comply with the latest notes for customers and payments for PDAR if the service can be arranged for the customer.</p>			
Signature of Applicant / Parent / Guardian*		Date * (yyyy/mm/dd)	

Points to Note

You must submit:

- (1) Pages 1 to 6 of this form (or the corresponding content in ICOMS)
- (2) Referral letter (must provide at the time of application) or proof of employment (must provide at the time of application or within three months from the service start date)

You may choose to submit:

- (1) Supporting document signed by doctor or social worker certifying that two carers are required for the applicant during the journey (must provide within two months from the date of application or before any proposed available service (whichever is earlier))

Submission Methods

- You may submit directly via “REHABUS • ICOMS” system:

Web : https://icoms.hksr.org.hk	Mobile Application (App)
	- Android version in Google Play Store - iOS version in App Store

ICOMS Web: <https://www.rehabsociety.org.hk/transport/rehabus/rehabus-icoms-phrase-two-of-release-one/>

- You can submit this form and relevant supporting documents **by mail**
Postal Address: Room 2, G/F, HKSr Lam Tin Complex, 7 Rehab Path, Lam Tin, Kowloon
Note: Please ensure your mail items bear sufficient postage before posting.

Application Process

- (1) The applicant can submit application either through the website of "REHABUS • ICOMS", mobile app or by mail. (Note: If the applicant wishes to start using the service in the following month, he/she should submit the application form and supporting documents on or before 7th of that month at the latest. (For example, applicants may apply for service on or after September 1, 2023 before August 7, 2023))
- (2) Our staff will reply to the applicant through contact method designated by the applicant with preliminary result of application within three working days from the date of receipt of completed application form and supporting documents. The application status of all accepted applications will be changed from "Processing" to "On Waiting List".
- (3) Our staff will start scheduling of service applications no later than 10th of each month and will contact the applicant to confirm the service arrangement when there is an available route. (Note: Our staff will contact the applicant by phone on or before 15th of each month to confirm the service arrangement. The status of application will be changed from "On Waiting List" to "Pending for Confirmation".
- (4) If the applicant agrees with service arrangement, the applicant is required to pay the monthly fare for the following month before 25th of current month in order to fulfill service arrangement. After the payment confirmation,

the application status will be changed from "Pending for Confirmation" to "Confirmed Service/ Partially Confirmed Service". Customers can start using the service in the following month. The payment method is depicted in the Appendix "Notes for Customers and Payments for Pooled Dial-a-Ride Service".

- (5) If the customer has "Confirmed Service", he/she will receive a notification from the system four days in advance of the service date. If there is any subsequent change of information involving bus captain or vehicle, the customer will be notified by the system one day before service date in accordance with the customer's designated method of receiving notifications (via (i) Mobile App or (ii) Interactive Voice Response System (IVRS-TTS)).
- (6) If the customer does not accept the arrangement, our staff will update the status of service application from "Pending for Confirmation" to "On Waiting List". Our staff will subsequently review the service status from time to time and continue to follow up the application.
- (7) If no service has been arranged during the 3-month period, our staff would ask the applicant through designated contact method whether he/she would continue waiting for the service and confirm the validity of the information provided in the application form. Otherwise, the application would be deemed to be withdrawn.
- (8) When the status of the application is "On Waiting List", the applicant must re-apply for the PDAR if he/she requires to change the information and requirements of the service application, e.g. amending the time, adding or reducing the number of "Escort". (Note: If the application is processed through ICOMS, the applicant may use the "Copy" function to save time in inputting information for the application. The steps include: (i) "Copy" the application in the queue, and modify the number of escort person in new application, a new service number will be assigned by ICOMS. The "On Waiting List" arrangement will be made after the information has been submitted and approved. (ii) "Cancellation" of the original "On Waiting List" application.) If sent by post, the change of application information can be indicated on the re-application form.
- (9) Applicant who wishes to withdraw from the service during the "On Waiting List" period may press "Cancel Application" in the service application details of the ICOMS, or dial Customer Service Hotline at 2824 6500 to contact our staff for assistance.