



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 *	Type	Notes
(Please insert a "✓" as appropriate. Select one option only)	<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*

("" mandatory fields) To fill in the time in the 24-hour format, use "06:00" to represent 6:00 AM and "18:00" to represent 6:00 PM.	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 rehasub, 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

Please provide a reason for requiring two companions. Additionally, it is necessary to submit a recommendation letter from a professional as proof. For more details, please refer to the "Notes" section on page 6.

PART 8 - Service Flexibility		<i>"*" mandatory</i>
Accept service arrangement to public transport interchange only? * (Please insert a "✓" as appropriate)	<input type="checkbox"/> 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) <input type="checkbox"/> Not Accept	

PART 9 - Others		<i>"*" mandatory</i>
Customer already arrange pick up at the destination? * (Please insert a "✓" as appropriate)	<input type="checkbox"/> 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.) <input type="checkbox"/> 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)	<input type="checkbox"/> No point-to-point public transportation <input type="checkbox"/> Difficult to board public transport carriers during peak hours <input type="checkbox"/> Long distance between your residence and public transport stations which takes more than _____ minutes to walk <input type="checkbox"/> Have to go through slopes or staircases between your residence and public transport stations <input type="checkbox"/> No transport services provided by schools / caring centres / organisations <input type="checkbox"/> Fares of public transport / transport service provided by organisations are expensive <input type="checkbox"/> No family members can arrange the picking up of the customer <input type="checkbox"/> Others, please specify:	
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	<input type="checkbox"/> Yes	


PART 9 - Others		<i>"*" mandatory</i>
force? * (To collect users' intentions in advance for better arrangement) (Please insert a "✓" as appropriate)	<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		<i>"*" mandatory</i>	
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 Rehabus 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
<p>You must submit:</p> <p>(1) Pages 1 to 6 of this form</p> <p>(2) Referral letter (must provide at the time of application)</p> <hr/> <p>You may choose to submit:</p> <p>(1) Supporting document signed by registered doctor or healthcare professional certifying that two able-bodied 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))</p>

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-page/>

- 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

- 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. The system only accepts service applications that start within two months from the application date, you can apply for services starting from May 1, 2024, to June 7, 2024, if the application is submitted on or before April 7, 2024. This pattern continues for subsequent months.
- The organization will provide a preliminary application result within three working days from the date of receiving the completed application form and supporting documents. The status of all accepted applications will be changed from "Processing" to "In Queue." Please note that the default notification method for applicants is through the system, either via web/app notification (similar to online banking e-booking services where email notifications are sent, and customers can log in to the system to check for updates) or through a phone call with text-to-speech (IVRS-TTS) functionality. Please be aware that our organization will call from the following phone numbers: 2824 6500 / 2824 6501 / 3143 8154.
- 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 20th of each month to confirm the service arrangement. The status of application will be changed from "On Waiting List" to "Confirmed".
 - If the applicant agrees to the arranged service, they must pay the first month's fee and fare before the 25th of the same month. The payment record should be notified to our Finance Department. Once the payment is received, the customer can start using the service from the following month. For more details, please refer to the latest "Notes for Users and Payments for Pooled Dial-a-Ride Service", specifically the "Appendix: Procedure for Handling Fares of Pooled Dial-a-Ride Service."
 - Once the customer is "successfully booked," they will receive a "Vehicle Information Notification" from the system starting at 16:00 four days before the scheduled service date. Subsequently, if there are any changes related to the driver or vehicle information, the customer will receive system notifications according to their default notification method starting at 16:00 one day before the service date. For more details, please refer to the latest

" Notes for Users and Payments for Pooled Dial-a-Ride Service".

- (4) If the customer does not accept the arranged service, the service application status will remain as "In Queue." Our organization will continue to review the service situation and follow up on the application as necessary.
- (5) If the applicant has not been allocated a service within three months of being in the queue, the system will send a "Continuation of Queueing Notification" to the applicant according to their default notification method. It is important for the applicant to respond promptly. Failure to respond will be considered as withdrawing the application.
- (6) If the application status is "In Queue," and the applicant needs to make changes to the service request, such as changing the pick-up/drop-off location, modifying the time, or increasing/decreasing the number of companions due to a change in their physical condition, they must reapply for the Rehabus service. The process is as follows:
- Log in to ICOMS and navigate to the "Booking Service" page. Within that page, select the specific "Rehabus Service Application Details." (i) If only the number of companions needs to be changed, and all other information remains the same, the applicant can choose to "Duplicate" the existing "In Queue" Rehabus service application. This will save time by copying the existing data. The applicant can then modify the number of companions as needed in the new application. Once submitted, the system will generate a new service application number. After the data is reviewed and approved, the service application status will be changed to "In Queue" for the new application. (ii) To "Cancel" the original "In Queue" application.
 - Fill out a new Rehabus service application form and mail it, indicating the changes in the application details.
- (7) 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.