



## Support Person Application Form

This form is for use by persons who wish to apply for a pass which will allow a support person to accompany the applicant on City's public transit service free of charge consistent with the requirements set out in the Integrated Accessibility Standards Regulation (191-11).

**Eligibility for this pass will be based on the applicants need for support person assistance during the transit trip. The transit trip is defined to include travel to and from the transit stop.**

### **PART A APPLICANT TO REVIEW**

#### **HOW TO APPLY FOR THE SUPPORT PERSON PASS**

In applying for the Support Person Pass, you must:

1. Read Part A of this application
2. Fill out Part B and C of this application.
3. Have your health care professional review part B and then complete Part C.
4. Return the completed application to <transit system>

**Failure to completely fill out parts B and C of the application will delay the application process.**

The application will be assessed by London Transit. You may be requested for additional information, or to participate in an interview. You will be advised of your eligibility by phone. If you have not been notified within 14 days of submitting your application, please call 519-451-1347.

All information provided on this form will be maintained consistent with privacy legislation.

The completed application (all parts) are to be returned to:

London Transit Commission  
450 Highbury Avenue North  
London, Ontario  
N5W 5L2

**PART B APPLICANT INFORMATION - APPLICANT TO COMPLETE**

**APPLICANT INFORMATION: (PLEASE TYPE OR PRINT CLEARLY)**

1. Name: \_\_\_\_\_  
(Last) (First) (Middle)

2. Address: \_\_\_\_\_  
(Number) (Street) (Apt)  
\_\_\_\_\_  
(City) (Postal Code)

3. Daytime Phone: ( ) \_\_\_\_\_ Evening Phone: ( ) \_\_\_\_\_  
TTY Number: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

1. Please describe how your disability affects your ability to use transit service and why you require a support person to assist with your trip. The transit trip is defined to include travel to and from the transit stop.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Regarding fixed route transit service – bus stops – please check one box only:

2. A.  I can usually get to and from a regular transit bus stop without assistance

2. B.  I can get to and from a regular transit bus stop only if (circle all that apply and fill in the blanks as required):

- 1. I have an attendant with me
- 2. I need to travel less than an average city block
- 3. I receive travel training (see section A for explanation) for the stops I use
- 4. Other \_\_\_\_\_

2. C.  I can never get to and from a regular transit bus stop. (Please explain why)

\_\_\_\_\_  
\_\_\_\_\_

3. Please describe the type of assistance your support person will need to provide during your transit trip. The transit trip is defined to include travel to and from the transit stop.

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The REQUEST FOR PROFESSIONAL CERTIFICATION (Part C attached) must be filled out by an appropriate health care professional.

**WHO CAN CERTIFY**

If your disability prevents you from using London's regular fixed-route service without the assistance of a support person, one of the following health care professionals, *as appropriate to your case*, may complete part C of this application form.

- Licensed physician
- Registered occupational therapist
- Licensed physical therapist
- Certified psychologist/psychiatrist
- Licensed optometrist/ophthalmologist/eye physician
- Registered nurse

**APPLICANT DECLARATION**

I hereby certify that to the best of my knowledge, the information given above is correct. I authorize the release of medical information to the London Transit Commission and the Commission's health care authority. I consent to having the Commission's health care authority discuss the contents of my application and eligibility for specialized transit services with the health care professional that completed part D of this application.

Signature of Applicant or Designate \_\_\_\_\_ Date \_\_\_\_\_

Please attach any additional information that would be helpful when considering your application, such as information from your family, caregiver, support workers or service providers.

**PART C PROFESSIONAL CERTIFICATION - TO BE COMPLETED BY A HEALTH CARE PROFESSIONAL**

You are being asked by the applicant named in Part B to provide information regarding his/her ability to make use of public transit and their need for a support person to travel with them.

Please review Part A of the application form to understand the intent of the support person pass.

The information you provide will allow us to evaluate the request and to provide the appropriate service. Thank you for your co-operation in this matter. If you have any questions, you may call 519-451-1347.

1. I have read Part B in its entirety. Yes  No   
 Please describe in detail how the applicant's disability results in the requirement for a support person to travel with them when using public transit.

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2. It is my professional opinion that the applicant has a disability that:  
 (Check the one box that best explains the applicant's ability to use public transit.)
- Prevents them from using public transit without the aid of a support person
- Does not prevent them from using public transit without the aid of a support person
- Specific training (ie travel training) would allow them to use public transit without the assistance of a support person
- Other: (Please explain)

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\_\_\_\_\_  
Signature of Health Care Professional

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Profession