Support Person Application Form
(Personal Care Attendant)

This form is for use by person(s) 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 applicant's 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. Additional information may be requested from you, or you may be asked 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 519-451-1340 ext. 381.

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

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

London Transit Commission
450 Highbury Avenue North
London ON N5W 5L2

PART B APPLICATION INFORMATION – APPLICANT TO COMPLETE

APPLICANT INFORMATION: (Please type or print clearly)

Name: _____
(Last) (First) (Middle)

Address: _____
(Number) (Street) (Apt)

_____ _____
(City) (Postal Code)

Daytime Phone: _____ Evening Phone: _____

TTY Number: _____ Email: _____

CARE & SUPPORT NEEDS:

The following questions will help us understand the assistance you require when travelling on public transit.

1. **Please describe how your disability affects your ability to use the conventional 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 (conventional) transit service – bus stops – please check one box only:**

☐ I can usually get to and from a regular transit bus stop without assistance
☐ I can get to and from a regular transit bus stop **only if** (circle all that apply and fill in the blanks as required):
   a. I have an attendant with me
   b. I need to travel less than the average city block
   c. I receive travel training (see section A for explanation) for stopes I use
   d. Other: _____
☐ I can never get to and from a regular (conventional) transit bust 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.**

_____
_____
_____

The REQUEST FOR PROFESSIONAL CERTIFICATION (see Part C) must be filled out by an appropriate healthcare professional.

WHO CAN CERTIFY:

If your disability prevents you from using London's regular fixed-route (conventional) 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 healthcare authority. I consent to having the Commission's healthcare authority discuss the contents of my application and eligibility for specialized transit services with the healthcare professional that completed Part C of this application.

Signature of Applicant/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 HEALTHCARE PROFESSIONAL

At the applicant's request, please provide information about their ability to make use of public transit and their needs for a support person (personal care attendant) to travel with the applicant named in **Part B**.

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 provide the appropriate service. Thank you for your cooperation 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.

   _____
   _____
   _____
   _____
   _____
   _____

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 (i.e. travel training) would allow them to use public transit without the assistance of a support person.
☐ Other (please explain):

_____
_____
_____
_____

_____ _____
Signature of Healthcare Professional Date

_____ _____
Print Name Profession