

Application for Support Person Assistance Card



The York Region Transit (YRT) Support Person Assistance Card is a photo card that identifies the cardholder as a person who, because of a disability, needs to be accompanied by a Support Person. A Support Person is someone who assists the cardholder with communication, mobility, personal care/medical needs or with access to goods, services or facilities. Upon payment of fare by or for the cardholder, the Support Person Assistance Card permits one (1) Support Person to travel with the cardholder at no additional cost. Additional companions or escorts must pay a fare.

Applicants must complete Part A of this application. An authorized regulated health care professional, as listed in Part B, must complete and sign Part B. **Incomplete forms will not be accepted.** A Support Person Assistance Card will be issued for a maximum of 10 years for customers aged 16 years old and over, and for a maximum of five years for customers under the age of 16 at the time of application submission. The card must be renewed by submitting a new application and photo upon expiry.

One (1) current passport-quality photo of the applicant must be included with the application. Photo must be: a) 50 mm wide by 70 mm high (2 inches wide by 2¾ inches high); b) face and shoulders must be placed in the centre of the photo; and c) the photo must be printed on plain, high-quality photographic paper. The backside of the photo must be initialed by the authorized regulated health care professional who completes Part B of the application form.

Submitting your application:

Mail your completed application (including the certified passport photo) to the address provided at the end of this form.

PART A: APPLICANT INFORMATION (To be filled out by the applicant or the applicant's legal guardian)

_____ First Name	_____ Last Name	_____ Daytime Phone No.
_____ Street Address	_____ Apt. or Suite No.	_____ Evening Phone No. (Optional)
X _____ City	_____ Postal Code	_____ Date of Birth (DD/MM/YY)

Email Address (Optional): _____

Please explain the specific reason(s) why you need to be accompanied by a Support Person:

Are you a registered Mobility On-Request Paratransit client? Yes No

If Yes, what is your Mobility On-Request Paratransit client number? _____

This application was completed by: Applicant Legal Guardian

ELIGIBILITY DECLARATION (To be filled out by the applicant or the applicant's legal guardian)

By completing, signing, and submitting this application to YRT, I am stating that the information provided is true and accurate. I understand that submitting false information constitutes fare evasion and that fraudulent use of a YRT photo ID card is an offence under York Region Bylaw 2017-7 (as amended), subject to a fine and permanent withdrawal of the ID card.

I authorize YRT to contact my health care professional and to receive additional information, including personal health information, if additional information, documentation or clarification is required to process my application.

Signature of Applicant or Legal Guardian

Date

PART B : MEDICAL INFORMATION (Must be completed by one of the following authorized regulated health care professional)

Profession (check one)

- Licensed Physician
- Registered Occupational Therapist
- Licensed Optometrist/Ophthalmologist
- Registered Psychologist
- Registered Nurse
- Physiotherapist
- Certified Rehabilitation Specialist
- Registered Psychological Associate

Name Professional Affiliation

Street Address Suite No. Professional Registration No.

City/Town Postal Code Phone No.

I certify that the applicant is a person with a permanent or temporary disability who, because of the disability, needs to be accompanied by a support person to assist with communication, mobility, personal/medical needs or with access to goods, services or facilities. I certify further that the information I have provided in this application is accurate and complete to the best of my knowledge.

Duration, if a temporary disability _____

STAMP OF HEALTH CARE PROFESSIONAL

X

Signature of health care professional

Date

The collection of personal information and personal health information as part of this application is authorized by the Municipal Act and will be handled in accordance with the Municipal Freedom of Information and Protection of Privacy Act and the Personal Health Information Protection Act. Personal information and personal health information collected here will be used for the purposes of determining eligibility for Personal Support Assistance. Any questions concerning this collection can be directed to York Region Transit at 1-866-668-3978.

MAILING INFORMATION

Before mailing this application, ensure the following are enclosed:

- Completed application form (Part A by the applicant or legal guardian and Part B and by an authorized regulated health care professional)
- One (1) current passport-quality photo of the applicant must be included with the application. Photo must be: a) 50 mm wide by 70 mm high (2 inches wide by 2¾ inches high); b) face and shoulders must be placed in the centre of the photo; and c) the photo must be printed on plain, high-quality photographic paper. The backside of the photo must be initialed by the authorized regulated health care professional who completes Part B of the application form.

Mail this application to:

York Region Transit (Mobility On-Request Paratransit)
55 Orlando Avenue, 2nd Floor
Richmond Hill, Ontario, L4B 0B4

Please allow two to three weeks processing time to receive the Support Person Assistance Card.

FOR YRT PHOTO ID OFFICE USE ONLY

Card Number Card Issue Date