

Application

Need for Support Person

This Need for Support Person Application is used to obtain a Support Person Pass, valid on services provided by Peterborough Transit.

Peterborough Transit does not charge a transit fare for a support person who accompanies a person with a disability to help with communication, mobility, personal care or medical needs or with access to goods, services or facilities.

To be eligible, a person with a disability must demonstrate the need for a support person by completing this application. The Support Person Pass is issued to the person with a disability, not the support person.

The City of Peterborough is committed to meeting the requirements of the Integrated Accessibility Standards (IAS) Regulation 191/11, made under the AODA.

Structure of Application Form:

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Part A. Application Process (applicant to review)

How to apply for the Support Person Pass

Step 1:

Follow the instructions listed below to complete the application:

1. Read Part A of this application.
2. Fill out Part B of this application.
3. Have your health care professional review Parts A and B and complete Part C.
4. Return the completed application to Peterborough Transit.

If more than one health care professional is required, submit one Part C for each professional. Failure to completely fill out Parts B and C will delay the application process.

Step 2:

Return the completed application (Parts A, B and C) to:

**Public Transit Terminal
190 Simcoe Street
Peterborough, Ontario
K9H 2H7**

What happens after you submit the application

The application will be reviewed and assessed by Peterborough Transit. You may be requested to provide additional information.

When Peterborough Transit makes a decision, you will be notified. If you have not been notified within 14 calendar days after submitting your application, please contact Peterborough Transit at:

Telephone: 705-745-0525, extension 2891

Email: transitoperations@peterborough.ca

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Part B. Application Information (applicant to complete)

Contact Information

Type or print clearly:

| | |
|----------------|--|
| Last Name: | |
| First Name: | |
| Middle Name: | |
| Address: | |
| City: | |
| Postal Code: | |
| Daytime Phone: | |
| Evening Phone: | |
| TTY Number: | |
| E-mail: | |

Type of Application (Permanent vs. Temporary)

Check the applicable Need for Support Person:

- Permanent Need
- Temporary Need (Support Person Pass needed for less than 1 year)

Professional Certification Information

The Professional Certification (Part C of this application) must be filled out by an appropriate health care professional. Check the applicable professional(s):

- Licensed Physician
- Registered Occupational Therapist
- Licensed Physiotherapist
- Certified Psychologist or Psychiatrist
- Licensed Optometrist, Ophthalmologist, or Eye Physician
- Registered Nurse

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Part B. Application Information (continued)

Questions

1. Why do you need a support person? (check all that apply)

I need a support person to help with:

- Access to goods, services or facilities.
- Communication.
- Mobility.
- Personal care or medical needs.
- Other (describe in box provided below):

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2. Describe your ability to get to and from a transit bus stop. (check all that apply)

I can get to and from a transit bus stop:

- On my own.
- If it is within an average City block of my starting point or destination.
- If I receive travel training for the stops I use.
- If the path is free of ice and snow.
- If I have assistance.
- Other (describe in box provided below):

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Applicant Declaration

I hereby certify to the best of my knowledge, the information provided in Part B of this application is correct. I authorize the release of medical information to Peterborough Transit. I consent to having Peterborough Transit discuss the contents of my application and the need for a support person with the health care professional(s) that complete Part C of this application.

| | |
|--------------------------------|---|
| Name (Applicant or Designate): | |
| Date (Month dd, yyyy): | |
| Signature: | X |

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Part C. Professional Certification (Health Care professional to complete)

Instructions for Health Care professionals

As a health care professional, you are being asked by the applicant named in Part B of this application to certify information regarding his/her need for a Support Person Pass. Thank you for your co-operation in this matter. If you have any questions, you may call 705-745-0525, extension 2891.

Confirmation

I have read Parts A and B and confirm the applicant has a need for a Support Person.

- Yes
 No

| | |
|-----------------------------------|---|
| Name of Health Care Professional: | |
| Profession/ Title: | |
| Telephone: | |
| Date (Month dd, yyyy): | |
| Signature: | X |

Personal information contained on this form is collected pursuant to the Municipal Freedom of Information and Protection of Privacy Act and will be used for the purpose of responding to your application. Questions about the collection of personal information should be directed to the City Clerk's Office at 705-742-7777.

| Internal Use Only (Peterborough Transit to complete) | | |
|--|--------------|---|
| Date Application Received (yyyy-mm-dd): | Reviewed by: | Date Review Completed: (yyyy-mm-dd): |
| | | |

| | |
|---------------------|---|
| Application Number: | # |
|---------------------|---|