

# 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 card holder 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 and Part B of this application. An authorized regulated health care professional, as listed in Part C, must complete and stamp Part C. **Incomplete forms will not be accepted.** A Support Person Assistance Card will be issued for a maximum of 3 years and must be renewed upon expiry.

One (1) current colour passport photo of the applicant must be included with the application. The passport photo **must** be certified by the same authorized regulated health care professional who completes Part C 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: 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.

**X** \_\_\_\_\_  
Signature of Applicant or Legal Guardian Date

### PART B: 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)

\_\_\_\_\_  
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

**PART C: 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.

**FOR YRT PHOTO ID OFFICE USE ONLY**

\_\_\_\_\_  
Card Number Card Issue Date

**MAILING INFORMATION**

Before mailing this application, ensure the following are enclosed:

- Completed application form (Parts A and B by the applicant or legal guardian and Part C by an authorized regulated health care professional)
- One (1) current colour passport photo of the applicant, certified by the authorized regulated health care professional who completed Part C of the application

Mail this application to:  
**York Region Transit (Mobility On-Request Paratransit)**  
**55 Orlando Avenue, 2<sup>nd</sup> Floor**  
**Richmond Hill, Ontario, L4B 0B4**

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