

York Region's shared ride, door-to-door, accessible  
public transit service for people with disabilities



## Mobility On-Request Paratransit **application package**



Accessible formats or communication supports are available upon request.



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## Introduction

Mobility On-Request Paratransit is York Region's door-to-door, shared ride, accessible public transit service for people with disabilities. An applicant may be eligible for the service if they are a **York Region resident** with a disability that prevents them from using conventional transit for all or part of the trip. This could be due to a visual, sensory, cognitive/mental health or physical disability, and could be either short-term or long-term.

Disability alone does not create eligibility; the decision is based on the applicant's functional ability to use conventional transit and is not a medical decision, nor is it based on the applicant's income or age. In addition, unavailability of conventional transit service does not constitute eligibility.

**Conventional public transit** means accessible fixed route public transit, i.e. Viva rapid transit, YRT local routes, Community Bus and On-Request.

## Levels of Eligibility

In accordance with the Accessibility for Ontarians with Disability Act (AODA), there are three levels of eligibility:

- 1. Conditional eligibility** – A person with a disability where an environmental or physical barrier limits their ability to consistently access conventional transportation services.

Conditional eligibility may involve YRT's Family of Services which includes conventional YRT, Viva rapid transit, Community Bus, Mobility On-Request conventional and Paratransit door-

to-door services. Paratransit customers with conditional eligibility will be advised at the time of booking if the trip is deemed Family of Services and will incorporate YRT's Family of Services for all or part of their trip. All customers will be travel trained on their first new Family of Services' trip to assess the customer's functional ability to travel on conventional transit. If deemed unsuccessful, the customer's eligibility status will be changed from conditional to unconditional.

- 2. Temporary** – A person with a disability that temporarily limits their ability to consistently access conventional transportation services.

For example, a customer undergoing a hip replacement surgery who will be unable to drive or walk for a set period of time, would be eligible for temporary door-to-door service. Customers with temporary eligibility will fall under YRT's Family of Services unless deemed unsuccessful through travel training.

- 3. Unconditional** – A person with a disability where an environmental or physical barrier limits their ability to consistently use conventional transportation services.

Customers with this type of eligibility will receive a shared ride, door-to-door trip within York Region. For example, a customer whose disability or functional limitation prevents them from successfully using YRT's Family of Services and is subsequently deemed unsuccessful through travel training, will receive unconditional eligibility.

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## How to Apply

In order for your application to be reviewed and processed, sections A, B, C, and E must be completed in full.

**Section A** must be completed by the applicant and contains questions about your everyday mobility and ability/inability to use conventional public transit.

**Section B** must be completed by your registered health care professional. Completed applications:

- > may be sent by mail to:

**Mobility On-Request Paratransit Eligibility,  
York Region Transit**

55 Orlando Avenue, 2nd Floor  
Richmond Hill, Ontario, L4B 0B4

- > emailed to [mobilityonrequest@york.ca](mailto:mobilityonrequest@york.ca)

- > or faxed to 905-762-2110

**Section C** authorizes the release of the information you have provided to Mobility On-Request Paratransit.

**Section D (optional)** is for applicants who are travelling to a day program or work placement and wish to waive the hand-to-hand signature process to/from the customer's residence.

**Section E** – is the consent to contact Health Care Professional.

**Section F (optional)** – Support Person Assistance card application form.

Staff will review your application within 14 days of receipt. If your application is incomplete, the application process will be delayed. A registration card and number will be provided upon approval to use the service. If you are approved and require a mandatory support person, this person must be provided by you and accompany you on all your trips. Your mandatory support person rides for free.

If your application is denied, you may call the Contact Centre at 1-844-727-2663 to arrange for an assessment with the Transit Ability Coordinator.

It is the responsibility of the customer to inform staff if their health condition, personal information and/or assistive device changes. You will be required to renew your application if changes occur, to ensure current eligibility.

Please fill out this application completely, including verification of medical status by a health care professional in **section B**.

\*See page 12 for a listing of accepted health care professionals.

If your application is incomplete, it will be returned to you or you may be contacted for further information. You may be asked to complete a new application during your eligibility period.

### In-Person Functional Assessments

The Transit Ability Coordinator may also contact you to request that you attend an assessment if they are unable to make a decision on eligibility based on the information in your application. If you are not satisfied with the decision of the Transit Ability Coordinator, you may proceed with the Mobility On-Request Appeal Process. For more information please contact Mobility On-Request Customer Service at 1-844-727-2663.

The Transit Ability Coordinator conducts regular reviews of rider eligibility. To maintain your current eligibility, you may be asked to attend an in-person assessment at any point during your eligibility period.



### Accessible Door for Escorting Passengers

All Mobility On-Request Paratransit passengers will be escorted by the driver to and from the first accessible door. An accessible door is a driveway or curb cut for the ramp of a MOR Paratransit vehicle, with a flat, level and paved landing area with additional space for an assistive device/passenger and driver. If needed, a MOR Inspector can visit your location to assess its accessibility. To ensure the safety of the passenger and driver, clients must ensure all snow, ice and other debris have been cleared to produce a barrier-free path between the residence doorway/departure area and the end of the driveway.

### Confidentiality

All personal information on your application is collected under the authority of the Municipal Act, 2001, and the Accessibility for Ontarians with Disabilities Act, 2005 in accordance with the Municipal Freedom of Information and Protection of Privacy Act. Your information will be used for the purpose of determining eligibility for Paratransit service and program evaluation and administration. Any questions concerning this collection can be directed to Mobility On-Request Paratransit Eligibility, York Region Transit.

The application and any supporting documentation will be discussed only with the applicant, the applicant's legal guardian or appointed substitute decision-maker. If a release of information form is completed, the application may be discussed with the individual named in the release. For your convenience, **a release form can be found on page 13** of this application. Application information may also be shared with other transit providers to facilitate your travel between York Region and connecting areas.



### IMPORTANT REMINDER:

Please photocopy the entire completed application for your records in case the original application is not received by Mobility On-Request Paratransit.

## SECTION A: For completion by applicant



### Level of Eligibility

Your level of eligibility will be determined by Mobility On-Request Paratransit based on the information provided in your application.

**PLEASE PRINT CLEARLY**

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Mx.

Applicant name (Last)	(First)	(Middle)
Street address		Unit #
City or town	Province	Postal code
Phone (Home)	(Mobile)	
Date of birth (year/month/day)	Email address (to assist with response times)	

Please provide the mailing address you would like all Mobility On-Request Paratransit mail sent to if it is different from the information provided above.

**MAILING ADDRESS**

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Mx.

Applicant name (Last)	(First)	(Middle)
Street address		Unit #
City or town	Province	Postal code

**EMERGENCY CONTACT INFORMATION**

In case of an emergency only, please notify (e.g., family, friend, neighbour, caregiver):

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Name (primary contact)

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Name (secondary contact)

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Relationship to applicant

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Relationship to applicant

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Phone

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Phone

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Email address (emergency contact)

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Email address (emergency contact)**CONTACT PREFERENCES**

Mobility On-Request Paratransit currently uses texts and phone calls to inform riders of their trip status and ride times. We may also contact riders for service changes and to gather valuable feedback through surveys. Please indicate how you would like to receive communications:

☐ Text   ☐ Call

We may need to send email communications from time to time. If you would like to be included, please provide your email address below.

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Preferred email

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Preferred number

**1. What methods of travel do you currently use? (Check all that apply)**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Conventional bus                | <input type="checkbox"/> Taxi              | <input type="checkbox"/> Other transit agencies ID no. _____ |
| <input type="checkbox"/> Mobility On-Request Paratransit | <input type="checkbox"/> I drive myself    | _____  |
|  | <input type="checkbox"/> Someone drives me | _____  |

**2. Please identify any disabilities or conditions that affect your ability to access conventional transit:**


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**3. Which of the following best describes your ability to access a conventional public transit bus stop? (Check only one)**

- ☐ I am able to walk or roll a city block (175 metres) to a bus stop.
- ☐ I am only able to walk or roll a city block (175 metres) to a bus stop with a mandatory support person.
- ☐ I can never get to or from a conventional transit bus stop because:

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**4. In order to travel unaccompanied, applicants must be able to independently recognize their destination and inform the driver if they are about to be dropped off at the wrong location. Applicants must also be able to independently get help if they are dropped off at the wrong location. If they are not able to do this independently, they will require a mandatory support person when travelling.**

If yes, the applicant must provide their own personal mandatory support person when travelling on Paratransit. The mandatory support person must be capable of meeting the applicant's care needs during travel and getting to and from destinations. The mandatory support person cannot be a Mobility On-Request Paratransit client.

**Will you require a mandatory support person for medical or behavioural reasons when travelling in a Paratransit vehicle?**

- ☐ Yes      ☐ No



**5. Are you applying for transportation to a day program or work placement within York Region?**

- ☐ Yes      ☐ No

Please note, at this time applicants with cognitive and/or mental health disabilities may be eligible for transportation to and from approved day programs and work placements within York Region only.

Mandatory hand-to-hand signatures are required for applicants who travel to day programs or work placements. This involves signatures at the residence and program/work placement. If you wish to waive the signature at the applicant's residence, please fill out section D.

If you are looking for service in addition to a day program, please provide detailed information on the mobility impairments you experience where applicable.

**6. Do you currently use any of the following assistive devices? (Check all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Braces                               | <input type="checkbox"/> Walker (specify type):            |
| <input type="checkbox"/> Cane                                 | <input type="checkbox"/> Foldable                          |
| <input type="checkbox"/> Certified service animal             | <input type="checkbox"/> Non-Foldable                      |
| <input type="checkbox"/> Crutches                             | <input type="checkbox"/> White cane                        |
| <input type="checkbox"/> Oxygen tank (measurements):<br>_____ | <input type="checkbox"/> Wheelchair (specify type):        |
| <input type="checkbox"/> Prosthetics                          | <input type="checkbox"/> Manual                            |
| <input type="checkbox"/> Scooter                              | <input type="checkbox"/> Custom power                      |
|   | <input type="checkbox"/> Foldable (may be stored in trunk) |
|   | <input type="checkbox"/> Transpo foldable                  |

**6b.** If you use an assistive device, please provide the length/width and make and model:

\_\_\_\_\_

**6c.** Combined weight of applicant and assistive device:      ☐ Less than 700 lbs      ☐ More than 700 lbs

**Important:** All assistive devices must be kept clean and in good repair while travelling on York Region Transit. If the assistive device can not fit in all York Region's Family of Services vehicles, we may not be able to provide service. York Region Transit's wheelchair ramps vary from 29 to 33 inches wide. Equipment larger than this cannot be accommodated for safety. The combined weight of the passenger and assistive device must not exceed 700 lbs. Drivers will provide assistance to and from the first set of accessible building doors and with the securement of assistive devices and seatbelts.

**7. Are you a dialysis patient?**

- ☐ Yes      ☐ No      ☐ If yes, please provide the location of your treatment facility

\_\_\_\_\_



**I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THE INFORMATION PROVIDED IN THIS APPLICATION IS CORRECT.** I authorize the health care professional named in **section B** to complete **section B** as it relates to my functional limitations.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Year/month/day

\_\_\_\_\_  
Name of applicant (please print)

If you are **not** the applicant but have completed this application on the applicant's behalf, you must provide the following information:

**PLEASE PRINT CLEARLY**

☐ **Mr.**   ☐ **Mrs.**   ☐ **Ms.**   ☐ **Miss**   ☐ **Mx.**

\_\_\_\_\_  
Name(Last)

\_\_\_\_\_  
(First)

\_\_\_\_\_  
(Middle)

\_\_\_\_\_  
Street address

\_\_\_\_\_  
Unit #

\_\_\_\_\_  
City or town

\_\_\_\_\_  
Province

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Phone (Daytime)

\_\_\_\_\_  
Relationship to applicant



**IMPORTANT REMINDER:**

**Please photocopy the entire completed application for your records in case the original application is not received by Mobility On-Request Paratransit.**

### York Region Transit Mobility On-Request Paratransit

Mobility On-Request Paratransit is a shared ride, door-to-door, public transit service for people with disabilities who are unable to access conventional public transit service.

Applicants with disabilities are generally considered eligible for Paratransit service if their mobility prevents them from accessing conventional public transit.

This section must be completed and dated by a registered health care professional [see page 12] within three months of application receipt. The information you provide will allow us to evaluate the request.

#### TO COMPLETE SECTION B:

1. The applicant (or representative) has completed **section A**. Please read **section A** in its entirety before completing and signing **section B**.
2. If you have any questions regarding the completion of the forms, call Mobility On-Request Paratransit at 1-844-727-2663.

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Patient's name (please print)

Please ensure you have read **section A** in its entirety.

**1. Describe the applicant's diagnosis, prognosis, impairments and/or limitations causing disability:**

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**2. Severity of disability / limitations:**

☐ Mild      ☐ Moderate      ☐ Severe

**3. Have you prescribed an assistive device to the applicant? Please list all assistive devices below:**

☐ Yes      ☐ No

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**4. Is the applicant able to walk 175 metres?**

☐ Yes      ☐ No

**5. Does this applicant have a visual impairment? If so, please identify and describe the scope of the impairment.**

☐ Macular degeneration      ☐ Glaucoma  
☐ Diabetic retinopathy      ☐ Cataracts  
☐ Other, please specify \_\_\_\_\_

**6. Do winter conditions (i.e., ice and snow on sidewalks and driveways) impair the applicant's ability to access conventional transit?**

☐ Yes      ☐ No

- 7. Mobility On-Request Paratransit is a shared ride service. This means that during a ride, customers may travel with other people such as Mobility On-Request Operators and other customers. Vehicles must stop at different locations where Mobility On-Request Operators exit the vehicles to pick-up/escort other customers. For these reasons, please indicate if the applicant is likely to engage in any of the following behaviour(s) so that Mobility On-Request can assess whether the applicant needs a mandatory support person during travel and/or at their destination:**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| a. Exiting vehicle and wandering   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Causing harm to themselves  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. Causing harm to others  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Making verbal or physical threats of violence or harm   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Independently recognize their destination and inform the driver if they are about to be dropped off at the wrong location | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Independently get help for themselves if dropped off at the wrong location  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

- 9. Does the applicant need a mandatory support person to travel on Mobility On-Request Paratransit?**

Note, If yes, the applicant must provide their own personal mandatory support person when travelling on Paratransit. The mandatory support person must be capable of meeting the applicant's care needs during travel and getting to and from destinations. The mandatory support person cannot be a Mobility On-Request Paratransit client.

☐ Yes      ☐ No

- 10. Expected duration of disability/limitations:**

- ☐ Temporary: Expected duration until (choose one):
- ☐ 3 months      ☐ 6 months      ☐ 12 months      ☐ Seasonal\*
- ☐ Long-term: No expectation of improvement

\* Seasonal eligibility is reserved for individuals whose limitation is impacted by winter conditions because of ice or snow on sidewalks and driveways.

- 11. Additional information:**

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**I HEREBY CERTIFY THAT THE INFORMATION PROVIDED IN SECTION B IS TRUE.**

**PLEASE PRINT CLEARLY**

☐ Dr. ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Mx.

\_\_\_\_\_  
Name (Last) (First) (Middle)

\_\_\_\_\_  
Street address Apartment

\_\_\_\_\_  
City or town Province Postal code

\_\_\_\_\_  
Phone number Licence/Certification number

\_\_\_\_\_  
Date (year/month/day) Signature

**Profession (Check only one)**

- |   |  |
|---|--|
| <input type="checkbox"/> Licensed physician                   | <input type="checkbox"/> Nurse practitioner          |
| <input type="checkbox"/> Registered occupational therapist    | <input type="checkbox"/> Physiotherapist             |
| <input type="checkbox"/> Licensed optometrist/ophthalmologist | <input type="checkbox"/> Psychologist                |
| <input type="checkbox"/> Registered kinesiologist             | <input type="checkbox"/> Social worker (MSW, RSW)    |
| <input type="checkbox"/> Registered nurse                     | <input type="checkbox"/> Speech language pathologist |
| <input type="checkbox"/> Registered practical nurse           |  |

If someone else is **speaking or making decisions on behalf of the applicant**, this section is required in order to process the application. This section must be completed to authorize the release of information provided to Mobility On-Request Paratransit.

If you are the substitute decision-maker, please fill out the information below.

Substitute decision-maker

PLEASE PRINT CLEARLY

☐ Mr.   ☐ Mrs.   ☐ Ms.   ☐ Miss   ☐ Mx.

Name (Last)	(First)	(Middle)
Street address		Apartment
City or town	Province	Postal Code
Phone		
Relationship to applicant		

All information obtained will be kept **CONFIDENTIAL** between The Regional Municipality of York and the parties specified above.

Signature of applicant	Year/month/day
Signature of substitute decision-maker	Year/month/day

### For day programs/work placements (Hand-to-hand Waiver)

\_\_\_\_\_ may be approved for Mobility On-Request Paratransit service for travel to/from approved day programs and work placements.

By completing and signing this agreement, the applicant and/or parent/guardian (if the applicant is under 18 years of age or has a legal guardian) acknowledges that the hand-to-hand signature requirement for a mandatory support person to be in attendance at the point of departure and arrival is deemed unnecessary, and will be waived for departure and arrival at the applicant's residence **only**.

#### **Mobility On-Request Paratransit will provide the following:**

- > Escort the applicant from the first accessible door of the home to the vehicle, and from the vehicle to the home or day program
- > Wait until the client crosses the threshold of the first accessible door

#### **Mobility On-Request Paratransit does NOT provide the following:**

- > Unlock or go through the door of the client's residence
- > Wait for a family member to arrive to open the door of the client's residence

By applying for service to/from day programs and work placements without a hand-to-hand signature, the applicant or parent/guardian confirms that the passenger is:

Please select all that apply

- |  |  |
|--|--|
| <input type="checkbox"/> Fully capable of leaving/arriving at the residence and entering a Paratransit vehicle without any type of assistance            | <input type="checkbox"/> Capable of unlocking and/or locking their residence door                                    |
| <input type="checkbox"/> Fully capable of being transported in a Paratransit vehicle without a mandatory support person                                  | <input type="checkbox"/> Fully capable of exiting the Paratransit vehicle and entering their residence independently |
| <input type="checkbox"/> Consents to wearing a vehicle seatbelt and is fully capable of using the seatbelt for safe transport with or without assistance | <input type="checkbox"/> Able to recognize their own residence and knows their address and phone number              |
| <input type="checkbox"/> Able to be left unattended in a vehicle if the driver leaves to escort other clients  | <input type="checkbox"/> Able to remain in their residence alone without supervision once dropped off                |



Applicant's residential address:

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**CONTINGENCY PLAN:** In the event that circumstances arise that require assistance for the Mobility On-Request Paratransit client, please provide the necessary contingency plan details below. The contact information provided must be of a family member/friend that is able to accept the client as part of your contingency plan.

**You must provide three contacts that: 1) live in York Region, 2) do not live at the same home address as the applicant, and 3) do not have the same address of another contact listed.** If none of the contacts below can be reached as part of the contingency plan, future rides will be cancelled (suspended) until the parent/guardian is contacted and this agreement is discussed with them.

**Parent/guardian contact information while client is being transported by Mobility On-Request Paratransit:**

1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Contingency contacts if parent/guardian is not available:**

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Availability as contingency contact: \_\_\_\_\_

Home/mobile/business: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Availability as contingency contact: \_\_\_\_\_

Home/mobile/business: \_\_\_\_\_

3) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Availability as contingency contact: \_\_\_\_\_

Home/mobile/business: \_\_\_\_\_

**BY SIGNING THIS AGREEMENT, I/WE ACKNOWLEDGE THAT I/WE HAVE READ, UNDERSTOOD AND AGREE TO ITS TERMS. PLEASE ENSURE ALL FIELDS ARE COMPLETED.**

\_\_\_\_\_  
Applicant (print name)

\_\_\_\_\_  
Year/month/day

\_\_\_\_\_  
Parent/Guardian (print name)

\_\_\_\_\_  
Year/month/day

\_\_\_\_\_  
Witness (print name)

\_\_\_\_\_  
Year/month/day

**PLEASE RETURN COMPLETED DOCUMENTS TO:**

Mobility On-Request Paratransit

55 Orlando Avenue, 2<sup>nd</sup> Floor  
Richmond Hill, Ontario, L4B 0B4

or fax to: 905-762-2110

or email: [mobilityonrequest@york.ca](mailto:mobilityonrequest@york.ca)

If you have any questions, please call:  
1-844-727-2663

**CONTACT US**

Customer Service

Local: 905-762-1227

Toll free: 1-844-727-2663

Monday to Friday, excluding holidays:  
8 a.m. to 4 p.m.

Email: [MobilityOnRequest@york.ca](mailto:MobilityOnRequest@york.ca)

Fax: 905-762-2110

**YORK REGION TRANSIT**

Mobility On-Request Paratransit  
55 Orlando Avenue, 2nd floor

Richmond Hill, Ontario L4B 0B4

For more route and schedule  
information visit [yrt.ca](http://yrt.ca)



**IMPORTANT REMINDER:**

Please photocopy the entire completed application for your records in case the original application is not received by Mobility On-Request Paratransit.

### Consent\*

**Note to the Applicant:** By signing below, you give permission to Mobility On-Request Paratransit to contact the health care professional who completed your application form. The purpose of contacting the health care professional is solely for the purpose of seeking clarification on information provided by the health care professional on the application form and not to discuss your medical condition or personal information. Please complete this form and return it with your application.

### PLEASE PRINT CLEARLY

I, \_\_\_\_\_, give permission to Mobility On-Request Paratransit to contact my health care professional to seek clarification regarding information provided in my application. I understand that if I choose to revoke my consent at a later date, I may do so by calling the Contact Centre at 1-844-727-2663.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Year/month/day

\_\_\_\_\_  
Substitute decision-maker signature

\_\_\_\_\_  
Year/month/day

\*York Region Transit (YRT) Mobility On-Request Paratransit will keep your information strictly confidential. Mobility On-Request Paratransit complies with the *Personal Health Information Protection Act*, 2004, and the *Municipal Freedom of Information and Protection of Privacy Act* in safeguarding your information.

Should you have any questions about this consent, please contact 1-844-727-2663.

### Application checklist

Before you mail, fax or email this application, please ensure you have:

- ☐ Fully completed this application and double-checked all information.
- ☐ Checked that your healthcare professional has completed **section B** in full, including certification number and contact information.
- ☐ Attached a letter from your day program or workplace (if applicable) verifying times and locations.
- ☐ Made a photocopy of the entire application for your records.

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.

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 professionals)**

Profession (check one)

- |   |  |
|---|--|
| <input type="checkbox"/> Licensed Physician                   | <input type="checkbox"/> Registered Nurse                    |
| <input type="checkbox"/> Registered Occupational Therapist    | <input type="checkbox"/> Physiotherapist                     |
| <input type="checkbox"/> Licensed Optometrist/Ophthalmologist | <input type="checkbox"/> Certified Rehabilitation Specialist |
| <input type="checkbox"/> Registered Psychologist              | <input type="checkbox"/> 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

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**

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Card Number

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Card Issue Date