Application for Oakville Transit Support Person ID Card

The Oakville Transit Support Person ID Card identifies a person who, because of their disability, requires regular or occasional assistance while travelling on Oakville Transit buses.

In compliance with the *Accessibility for Ontarians with Disabilities Act (AODA), 2005,* the Support Person ID Card allows you to have one support person ride with you free of charge on any Oakville Transit bus (or service) route. There is no charge for the ID card. Card holders will be asked to update their information and obtain a new card every three years.

- Please complete the Section A below (Applicant Information) yourself, or with the assistance of a support person
- Section B: Disability Information, must be completed by a health care professional (i.e. doctor, nurse, physiotherapist, occupational therapist, recreational therapist)
- On completion of this form, please forward by mail, fax or email:

Oakville Transit Fax: 905-338-4703

430 Wyecroft Road Email: transit@oakville.ca

Oakville, ON L6H 0H3

Once your application has been approved, you will receive a confirmation letter and your Support Person ID Card

For further information or clarification, please contact Oakville Transit at 905-815-2020 or visit www.oakvilletransit.ca

Section A: Applicant Information	(please print)		
Name:			
Surname	First	Middle initial	
Telephone:	Date of Birth:		
		YYYY-MM-DD	
Address:			
Street number and name		Apt. #	
	Province Province	Postal Code	
Email:			
Applicant's consent I consent to Oakville Transit contacting my regarding the disability information in my a		nformation or clarification is required	
Applicant's signature		Date	

please see reverse



Section B: Disability Information
To be completed by health care professional (doctor, nurse, physiotherapist, occupational therapist, recreational therapist)

Are there conditions or special health care no conventional transit? Please explain:	eeds which would	prevent the applicant's independent use of
Does the applicant require the assistance of □ Yes □ No	a support person (_l	personal care attendant) in order to travel?
Certification by health care professional Please print Name of health care professional:		
Professional designation:		
Organization's name:		Telephone:
Address: Street number and name		Apt. #
Town/City	Province	Postal Code
I hereby certify that the information provided is Signature of health care professional	accurate and com	plete to the best of my knowledge. Date
Personal information on this form is collected under amended, and is used solely to determine eligibility to buses. This information is held in strict confidence. Qu Freedom of Information Officer at 905-815-6053.	for the Universal Sup	pport Person card for travel on Oakville Transit
For office use only Date approved		
Comments		