

# Application to act as an attendant/support person on care-A-van

This form is to be completed in the case of one registered care-A-van customer wishing to act as the attendant/support for another registered care-A-van customer for travel on Oakville care-A-van.

care-A-van is a door to door escorted specialized transit service. The driver does not provide attendant care. The requirement for an attendant/support person is identified by a medical practitioner at the time of application.

Certification by a medical practitioner is required in the case where one registered care-A-van customer (Customer A) wishes to act as the attendant/support person for another registered care-A-van customer (Customer B) who has an identified requirement for an attendant/support person. This certification is required in order to confirm the ability of Customer A to physically and/or cognitively act as the attendant/support person for Customer B.

Note: an attendant/support person must be of legal age. Oakville Transit reserves the right to request updates to this agreement.

Please complete all sections below:

Section A: Identification of the customer who wishes to act as the attendant/support person (Customer A)

Section B: Identification of the customer who will receive the attendant/support person care, who is identified as requiring an attendant/support person to travel on care-A-van (Customer B)

Section C: Must be completed by a medical doctor with knowledge of Customer A.

Upon completion of this form, please forward by mail, fax or email:

- Oakville Transit, 1225 Trafalgar Road, Oakville, ON L6H 0H3
- Fax: 905-338-4703
- [mobility@oakville.ca](mailto:mobility@oakville.ca)

Once your application has been approved, you will receive a confirmation letter by mail.

If you have any questions, please contact Oakville Transit at 905-337-9222 or email at [mobility@oakville.ca](mailto:mobility@oakville.ca).

## Section A: Customer who wishes to act as the attendant/support person

Care-A-van ID number \_\_\_\_\_

Last name \_\_\_\_\_

First name \_\_\_\_\_

Telephone \_\_\_\_\_

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

City \_\_\_\_\_

Postal code \_\_\_\_\_

Email address \_\_\_\_\_

I, \_\_\_\_\_, hereby certify that I am capable to provide attendant care to \_\_\_\_\_.

I consent to Oakville Transit contacting my health care professional if additional information or clarification is required regarding the information provided in this form.

SIGNATURE \_\_\_\_\_

## Section B: Customer who requires the attendant care/support person

Care-A-van ID number \_\_\_\_\_

Last name \_\_\_\_\_

First name \_\_\_\_\_

Telephone \_\_\_\_\_

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

City \_\_\_\_\_

Postal code \_\_\_\_\_

Email address \_\_\_\_\_

I, \_\_\_\_\_, hereby certify that I wish to have \_\_\_\_\_ act as my attendant/support person while traveling on Oakville care-A-van.

SIGNATURE \_\_\_\_\_

## Section C: Medical Certification

- The customer identified in Section A is currently under my care and I have knowledge of their abilities.

YES  NO

- I have discussed this request with the customer identified in Section A and understand the physical and/or cognitive needs of the customer requiring attendant care noted in Section B.

YES  NO

### Certification by doctor

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_

Doctor number \_\_\_\_\_

I hereby certify that care-A-van customer (name) \_\_\_\_\_ is physically/and or cognitively capable of providing attendant/support person care for care-A-van customer (name) \_\_\_\_\_ .

OR

I cannot certify that customer (name) \_\_\_\_\_ is physically and/or cognitively capable of providing attendant/support person care for care-A-van customer (name) \_\_\_\_\_ .

Doctor Signature \_\_\_\_\_

Date \_\_\_\_\_

*Personal information on this form is collected under the authority of the Municipal Act, 2001, S.O. 2001, c.25 as amended, and is used solely to determine the ability of attendant care for one care-A-van customer by another for travel on Oakville Transit care-A-van. This information is held in strict confidence. Questions about this collection should be directed to the Records and Freedom of Information Officer at 905-815-6053.*