



## Support Person Assistance Card Application

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Customers with disabilities may need help when travelling on Durham Region Transit. The 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/ Personal Care Attendant (PCA). A Support Person/ PCA is someone who assists the card holder with communication, mobility, personal care/medical needs or with access to goods, services or facilities. The customer must pay a valid fare but the Support Person/ PCA travels free.

The Support Person Assistance Card is registered to the customer. Only one Support Person/ PCA can travel free of charge with the customer at a time and this does not need to be the same person each trip. Customers must show the Support Person Assistance Card to the operator when boarding the vehicle.

The DRT Support Person Assistance Card complies with the *Accessibility for Ontarians with Disabilities Act, 2005 (AODA)*.

**SECTION A** must be fully completed by the applicant or designate.

**SECTION B** must be fully completed by a registered health care professional.

One 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 Section B of the application form.

Incomplete forms will be returned to the applicant.

A Support Person Assistance Card will be issued for a maximum of three years and must be renewed by the applicant before the expiry date shown on the card.

## Submit your application:

Before submitting your application, ensure that the following is enclosed:

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

By mail: Mail your completed application (including the passport photo) to the address below.

In person: Bring your completed application (including the passport photo) to the Durham Region Transit office at the address below.

Durham Region Transit  
110 Westney Road South  
Ajax, ON, L1S 2C8

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

If you have any questions regarding this application or DRT services, please call 1-866-247-0055 for Customer Service Assistance.

**SECTION A: For Completion by Applicant or Designate**

Date Prepared: \_\_\_\_\_  New Application  Renewal Application

Mr  Mrs  Ms

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth (Month/Day/Year): \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ Apt/Unit #: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Extension: \_\_\_\_\_

Cell: \_\_\_\_\_

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

Are you a registered client with DRT Specialized Services? Yes  No

**Please explain the specific reasons why you need to be accompanied by a Support Person/  
Personal Care Attendant:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature of Applicant or Legal Guardian**

I certify that the information provided in this application is true and correct. I understand that misinformation or misrepresentation of facts constitutes fare evasion and fraudulent use of DRT fare media, and will be cause for disqualification for a Support Person Assistance Card.

I authorize DRT 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 Designate: \_\_\_\_\_

Date (Month/Day/Year): \_\_\_\_\_

This application was completed by:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Section B: For Completion by Health Care Professional**

This section is to be completed by a physician, nurse practitioner, registered nurse (RN/RPN), physiotherapist, occupational therapist or recreational therapist.

**Please Print Clearly**

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Extension: \_\_\_\_\_

I hereby 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/ Personal Care Attendant 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.

I have certified the colour passport photo of the **applicant** by signing the back.

Duration, if a temporary disability \_\_\_\_\_

Health Care Professional's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

STAMP OF HEALTH CARE PROFESSIONAL

**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 eligibility for a Support Person Assistance Card offered by the Region of Durham. This information is held in strict confidence.***

If you require this information in an accessible format, please contact 1-866-247-0055.