

Transit Support Person Application

Get the support you need to travel confidently!

If you have a disability and require assistance travelling on GRT buses, the ION, or MobilityPLUS vehicles you can apply to have a support person travel with you for free.

Anyone five years of age or older can apply to the Support Person Program.

A support person can be anyone in your life such as a friend, family member or volunteer, who will assist you when using transit.

Apply:

This form is to be completed by a health/ disability professional who is competent to speak to the applicant's disability(s) and their requirement for a Support Person on transit services.

Appropriate professionals could include but are not limited to:

- Physician
- Nurse Practitioner
- Psychiatrist
- Psychologist
- Optometrist
- Physiotherapist
- Occupational Therapist
- Social Worker
- Orientation and Mobility Specialist
- Managers from pre-approved Adult Day Programs or Long-Term Care centres
- Other professionals approved by the Region

Any fees charged by a health care professional will not be reimbursed by GRT.

Once we receive this application form, we will begin to review the information provided to determine eligibility. Complete applications will be reviewed within 14 calendar days from the day they are received.

This form may also be submitted:

1. In-person: paper copies can be dropped off at GRT Customer Service Centres at Ainslie Street Terminal, 35 Ainslie Street S., Cambridge, or 105 King St. E., Kitchener or the Transit Operations Centre at 250 Strasburg Road, Kitchener.
2. By mail: for information about where to mail paper copies, call 519-585-7597 ext. 7345.

Personal Information and Privacy:

All personal information collected on this application and any supporting documentation is collected under the authority of the Municipal Act, 2001, and in accordance with the Municipal Freedom of Information and Protection of Privacy Act and is used solely for the purpose of determining eligibility for MobilityPLUS services.

The application and supporting documentation will be reviewed by GRT and its authorized agents/representatives for the purposes of determining MobilityPLUS eligibility and/or service delivery options for MobilityPLUS.

Any questions about this collection should be directed to:

Manager, Marketing, Communications and Customer Service
250 Strasburg Rd.
Kitchener ON N2E 3M6
519-585-7555
Deaf and Hard of Hearing (TTY): 519-575-4608

Required fields are marked with asterisks (*)

1. Applicant Details:

Applicant's first name:* _____

Applicant's last name:* _____

Unit/ Apt number: _____

Street number:* _____

Street name:* _____

City:* _____

Postal code (e.g. A1A 1A1):* _____

Phone number (ex 999-999-9999):* _____

Alternate phone number (ex 999-999-9999): _____

Email address: _____

Applicants date of birth (DD/MM/YYYY):* _____

2. Optional: Provide a representative's contact information

Please note GRT does not require any information about the person or persons who will be providing support. If you would like to provide alternate contact information, please complete the section below. (This does not mean this person will be required to act as the support person.)

Representative's first name:* _____

Representative's last name:* _____

Relationship to applicant:* _____

Unit/ Apt number: _____

Street number:* _____

Street name:* _____

City:* _____

Postal code (e.g. A1A 1A1):* _____

Phone number (ex 999-999-9999):* _____

Alternate phone number: _____

Email address: _____

3. Is a support person required on-board the bus for assistance due to:*

- Cognitive ability
- Communication
- Mobility issues
- Wandering concerns
- Medical needs
- Other: _____

4. Please describe how the applicant's disability results in the requirement for a support person to travel with him or her when using public transit.

5. How long will a support person be required?*

- 1-6 months
- 7-12 months
- 1-2 years
- Long term

6. Health/disability professional certification

First name:* _____

Last name:* _____

Unit number: _____

Street number:* _____

Street name:* _____

City:* _____

Province:* _____

Postal code (e.g. A1A 1A1):* _____

Phone number (ex 999-999-9999):* _____

Occupation:* _____

Name of employer/workplace (if applicable):* _____

I certify that the information I have provided on this application is accurate and current to the best of my knowledge.

Signature:* _____

Date:* _____