

## Transit Support Person Application

### Application Overview

This application must be completed by a health care professional with one of the following designations:

- Licensed physician
- Registered nurse practitioner
- Registered nurse
- Certified psychologist/psychiatrist
- Licensed physiotherapist
- Registered occupational therapist
- Licensed optometrist/ophthalmologist
- MSW (Master's of Social Work)
- Developmental Services Resource Centre Service Coordinator
- CCAC Care Coordinator

The GRT Support Person Program permits a support person to travel with an eligible paying customer (must be at least five years of age) at no additional cost; consistent with the requirements of the Accessibility for Ontarians with Disabilities Act (AODA), 2005. A person is eligible for the GRT Support Person Program if, because of their disability, they require regular or occasional assistance while travelling on GRT conventional and/or MobilityPLUS buses.

The person providing support is provided by the customer, not by GRT.

### Disclaimer

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 Grand River Transit specialized transit services. The application and 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. Any questions about this collection should be directed to the Manager, Marketing and Communications at 250 Strasburg Rd, Kitchener ON, 519-585-7555, TTY: 519-575-4608.

I have read and understood the above application form overview.

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Applicant or designate's name (please print)

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Applicant or designate's signature

## Applicant details

1. Who requires support? Provide their contact information:

_____	_____	_____	_____
Title	First name	Initial	Last name
_____			
Address			
_____			
_____	_____	_____	_____
City	Province	Postal code	
_____			
_____	_____	_____	
Phone number	Email address		
_____			
Date of birth (DD/MM/YYYY)			

2. Optional: Provide alternate 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.)

_____	_____	_____	_____
Title	First name	Initial	Last name
_____			
Address			
_____			
_____	_____	_____	_____
City	Province	Postal code	
_____			
_____	_____	_____	
Phone number	Email address		
_____			
Relationship to applicant:			
<input type="checkbox"/> Child	<input type="checkbox"/> Applicant's legal guardian		
<input type="checkbox"/> Parent	<input type="checkbox"/> Applicant's appointed substitute decision maker		
<input type="checkbox"/> Friend	<input type="checkbox"/> Other _____		
<input type="checkbox"/> Sibling			



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Address

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City

---

Province

---

Postal code

---

Email address

---

Fax number

I/we hereby certify that the information provided is accurate and complete to the best of my knowledge.

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Signature

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Name (please print)

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Date

### **Submitting this form**

Ensure you have filled in all the blanks in all sections of the form. Incomplete forms cannot be processed. You may wish to make a copy for your own records.

Return the complete application to Grand River Transit.

Fax to: 519-744-2899

Scan and email to: [grtinfo@regionofwaterloo.ca](mailto:grtinfo@regionofwaterloo.ca)

Mail or deliver to: Grand River Transit, 250 Strasburg Rd, Kitchener ON N2E 3M6

Questions? Contact us at 519-585-7555 / TTY 519-585-4806