

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
- Registered Social Worker with the Ontario College of Social Workers and Social Service Workers
- Developmental Services Resource Centre Service Coordinator
- LHIN Care Coordinator
- Certified Orientation and Mobility Specialist

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 GRT 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.

I have read and understood the above application form overview.

Applicant or designate's name (please print)

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:

- Child Applicant's legal guardian
- Parent Applicant's appointed substitute decision maker
- Friend Other _____
- Sibling

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 for?

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

Health card professional's details

6. Please indicate which professional designation applies to you:

- Licensed physician
- Registered nurse practitioner
- Registered nurse
- Certified psychologist/psychiatrist
- Licensed physiotherapist
- Registered occupational therapist
- Licensed optometrist/ophthalmologist
- Registered Social Worker with the Ontario College of Social Workers and Social Service Workers
- Developmental Services Resource Centre Service Coordinator
- LHIN Care Coordinator
- Certified Orientation and Mobility Specialist

7. Health card professional's contact information

First name

Last name

Name of clinic/hospital/practice

Phone number

Address

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.

Signature

Name (please print)

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

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

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