



APPLICATION FORM  
SARNIA TRANSIT  
SUPPORT PERSON ID CARD

SECTION A: GENERAL INFORMATION

The Sarnia Transit SUPPORT PERSON IDENTIFICATION CARD is a photo ID card that identifies a person who, because of their disability, requires regular or occasional assistance while traveling on Sarnia Transit buses. The SUPPORT PERSON ID CARD allows you to have ONE (1) Support Person ride with you free of charge on any Sarnia Transit route. There is no charge for the SUPPORT PERSON ID CARD. There is a \$10.00 charge for the replacement of a lost card. Card holders will be asked to update their information every three (3) years.

- Please complete Section B: Applicant Information
- Section C: Disability Information must be completed by a Health Care Professional i.e. Doctor, Nurse, Physiotherapist, Occupational Therapist, Recreational Therapist)
- On completion of this form please bring it to the Sarnia Transit Office at 1169 Michener Road, Sarnia, Ontario. If your application is approved your photo will be taken at that time for the ID card. Your card will be sent to you in the mail within approximately ten (10) working days.

SECTION B: APPLICANT INFORMATION

NAME: \_\_\_\_\_  
Last Name (please print)      First Name      Middle Initial

TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street Number and Name      Apt. #

City

Province

Postal Code

NAME OF APPLICANT:

**SECTION C: DISABILITY INFORMATION**

TO BE COMPLETED BY A HEALTH CARE PROFESSIONAL (Doctor, Nurse, Physiotherapist, Occupational Therapist, Recreational Therapist)

Under the Guide to the Accessibility Standards for Customer Service, Ontario Regulation 429/07 a SUPPORT PERSON is defined as "in relation to a person with a disability, another person who accompanies him or her in order to help with communication, mobility, personal care or medical needs or with access to goods or services."

Does the applicant require the assistance of a Support Person (Personal Care Attendant) in order to travel? YES NO

CERTIFICATION BY HEALTH CARE PROFESSIONAL

Name (Please PRINT) \_\_\_\_\_

Professional Designation \_\_\_\_\_

Organization's Name \_\_\_\_\_

Address \_\_\_\_\_

Street Number and Name

City

Province

Postal Code

Telephone

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

Signature of Health Care Professional

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 eligibility for the Support Person Identification Card for travel on Sarnia Transit buses. This information is held in strict confidence. Questions about this collection should be directed to: Sarnia City Hall, Human Resources Department, 255 Christina St. N., Sarnia, ON (519) 332-0330

**\*\*FOR OFFICE USE ONLY\*\***

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

Comments:

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