

Operated by:
Thunder Bay Transit
570 Fort William Road
Thunder Bay, ON P7B 2Z8

Bookings: (807) 345-0777
Office: (807) 684-3744
Fax: (807) 345-5744
www.thunderbay.ca/transit
transit@thunderbay.ca

APPLICATION FORM FOR LIFT+ SUPPORT PERSON PROGRAM

SECTION A: GENERAL INFORMATION

A support person may accompany a registrant to help him/her with communication, mobility, personal care, medical needs, or with access to goods, services or facilities.

In compliance with the *Accessibility for Ontarians with Disabilities Act (AODA), 2005*, a registrant may have one support person ride with him/her free of charge on Lift+ Specialized Transit upon approval. The registrant's identification card will include a symbol which indicates that the registrant requires a support person while traveling.

- 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 forward by mail, fax, or email.

SECTION B: APPLICANT INFORMATION

Name:

Surname

First

Middle Initial

Telephone:

Date of Birth:

YYYY-MM-DD

Address:

Street Number and Name

Apt. #

City

Province

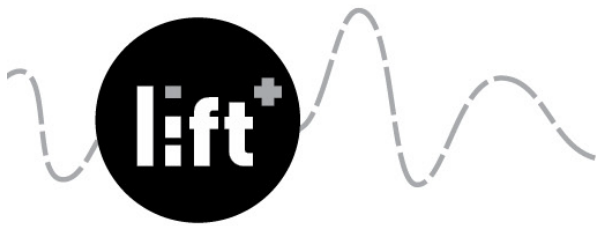
Postal Code

Applicant's consent

I consent to Lift+ Transit contacting my health care professional if additional information or clarification is required regarding the disability information in my application.

Application's Signature

Date



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SECTION C: DISABILITY INFORMATION

TO BE COMPLETED BY A HEALTH CARE PROFESSIONAL

Does the applicant require the assistance of a Support Person in order to travel on Lift+ Specialized Transit?

Yes No

Please describe the support required during travel on the specialized vehicle.

Certification by Health Care Professional

Please Print

Name of Health Care Professional: _____

Professional Designation: _____ Telephone: _____

Address: _____

Street Number and Name

Apt. #

Town/City

Province

Postal Code

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

Signature of Health Care Professional

Date

All personal information, including personal health information, collected is collected under the authority of the Municipal Act, 2001. Personal information is collected in compliance with the Municipal Freedom of Information and Protection of Privacy Act. Personal health information is collected in compliance with the Personal Health Information Protection Act. The personal and personal health information collected is for the purpose of determining eligibility for the Lift+ Support Person Card for Travel on Lift+ Specialized Transit. None of your personal or personal health information will be shared, rented, sold or otherwise released to any third party without your consent.

Office use only – section for tracking purposes

Date Received

Comments

Date Approved

Orientation Date

Expiry Date