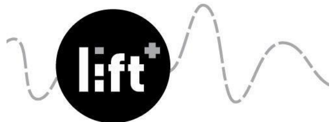


Operated by:
Thunder Bay Transit
570 Fort William Road
Thunder Bay, ON P7B 2Z8

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

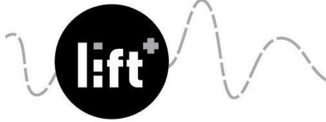
Applicant's consent
I consent to Lift+ Transit contacting my health care professional if additional information or clarification is required regarding the disability information in my application.

Applicant'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 while traveling with the specialized transit system.

____

____

____

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 compete 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: