



## **SUPPORT PERSON PASS APPLICATION FORM – WELLAND TRANSIT**

This form is for use by persons who wish to apply for a pass which will allow a support person to accompany the applicant on the Welland Transit service free of charge consistent with the requirements in the Integrated Accessibility Standards (IASR) Regulation (191-11), Section 38 as set out below.

### Excerpt from Regulation 191-11 Fares Support Persons

38. (1) No conventional transportation service provider and no specialized transportation service provider shall charge a fare to a support person who is accompanying a person with a disability where the person has a need for a support person.

(2) It is the responsibility of a person with a disability to demonstrate to a transportation service provider described in subsection (1) their need for a support person to accompany them on the conventional or specialized transportation service and to ensure to accompany them on the conventional or specialized transportation service and to ensure that the appropriate designation for a support person is in place.

### **Part A – Applicant Review**

#### **TO APPLY FOR THE SUPPORT PERSON PASS; You Must:**

- Read Part A of this application
- Fill out Part B of the application
- Have your Licensed Physician review Part B and then complete Part C
- Return the completed application to Welland Transit

#### **FAILURE TO COMPLETELY FILL OUT PARTS B and C WILL DELAY THE APPLICATION PROCESS**

The application will be assessed by the Welland Transit Applications Review Committee. Eligibility will be based on the applicants need for support person assistance during the transit trip, including to and from a transit stop. Passes are valid for WellTrans and Conventional service and will be issued on either a permanent or temporary basis. Permanent Passes will be valid for a 3 year term and will be renewed upon request by the applicant. Temporary Passes will expire on the date indicated on the pass. Should a support person still be required the applicant will need to reapply. There is a \$10.00 charge for the replacement of a lost or stolen card. Card holders will be asked to provide a current passport photo and update their information including picture every 3 years.

You may be requested for additional information or to participate in an interview. You will be advised of your eligibility by mail. If you have not been notified within 30 days of submitting your application please call 905-735-1700 ext 3101

The completed application (all parts) is to be submitted to:

Welland Transit  
c/o Civic Square  
60 East Main st  
Welland ON  
L3B 3X4

The information provided on this application is of a confidential manner, and is for the sole use of acceptance for a support person on the Welland Transit Service (WellTrans and/or Conventional). It is protected from access by the Freedom of information and Protection of Privacy Act, 1987.



**Welland Transit**

*Going your way!*

**Part B – Applicant Information – Applicant to Complete (Please Print Clearly)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

1. **(WellTrans and/or conventional transit service) Please describe how your disability affects your ability to use transit service and why you require a support person to assist you with your trip.**

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

2. **(WellTrans and/or conventional transit service) Please describe the type of assistance your support person will need to provide during your transit trip.**

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

3. **(Conventional transit service)**

**BUS STOPS. PLEASE CHECK ONLY ONE:**

\_\_\_ **(A)** I can usually get to and from a regular transit stop without assistance

\_\_\_ **(B)** I can get to and from a regular transit stop **only if (check items that apply)**

\_\_\_ I have an attendee with me

\_\_\_ I need to travel less than an average city block

\_\_\_ Other \_\_\_\_\_

\_\_\_ **(C)** I can never get to and from a regular transit bus stop (please explain why)

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



**Welland Transit**

*Going your way!*

Part B – Application Information (continued)

The request for Professional Certification (Part C attached) must be filled out by a Licensed Physician

**WHO CAN CERTIFY**

One of the following health care professionals (as appropriate to your case), may complete Part C of this application form:

- Licenced Physician

**APPLICANT DECLARATION**

I hereby certify to the best of my knowledge, the information given above is correct. I authorize the release of medical information to the City of Welland and Welland Transit. I consent to having Welland Transit health care authority discuss the contents of my application and eligibility for the support person pass with the health care professional that completed Part C of this application.

\_\_\_\_\_  
Name of Applicant or Designate

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant or Designate

Please attach any additional information that would be helpful when considering your application, such as information from your family, caregiver, support workers or service providers.

Office Use Only	
Review Date	Identification Number
Approved	Permanent Pass
	Renewal Date
	Temporary Pass
	Expiry Date
Not Approved	Date:



**Part C – Professional Certification – To Be Completed by a Licensed Physician**

You are being asked by the applicant named in Part B to provide information regarding his/her ability to make use of Public transit and their need for a support person to travel with them.

Please review Part A of the application form to understand the intent of the support person pass.

The information you provide will allow us to evaluate the request. If you have any questions, you may call Welland Transit at 905-735-1700 ext 3101

- 1. I have read Part B in its entirety Yes [ ] No [ ]
  
- 2. In your professional opinion does the applicant have a disability that prevents him/her from using the Regular and/or Specialized transit without the aid of a support person. Yes [ ] No [ ]

If yes, please describe in detail how the applicant’s disability results in the requirement for a support person to travel with them while using Regular and/or Specialized transit.

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- 3. In your professional opinion does the applicant need the aid of a support person permanently [ ] or temporarily [ ]. If temporarily please indicate the expected duration?

End Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Licensed Physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Contact Number



