



a Better Way to Go

Support Person Pass Application

The BWG Transit Support Person Pass identifies a person who, because of their disability, requires regular or occasional assistance while traveling on BWG Transit buses.

In compliance with the *Accessibility for Ontarians with Disabilities Act (AODA), 2005*, the Support Person Pass allows you to have one support person ride with you free of charge on any BWG Transit bus (or service route). There is no charge for the pass. Pass holders will be required to update their information and obtain a new card every three years.

Part A Personal Information

New Pass

Renewal Pass

Office Use Only – Pass #

Name:

Date of Birth:

Address:

Apartment/Suite/Unit #

City/Town:

Postal Code:

Home Telephone:

Alternate Number:

Email:

I hereby authorize the undersigned health care professional to release my personal information necessary to complete this application for the purpose of determining my eligibility for a support person pass.

Applicant's Signature

Date

Part B Health Care Professional Information

Instructions: Health care professionals must complete the sections below, verifying that the applicant requires a support person in order to assist with communication, mobility, personal care, medical needs or with access to goods or services.

Are there conditions or special health conditions or special health care needs which would prevent the applicant's independent use of conventional transit? Please explain:

Does the applicant require the assistance of a support person (personal care attendant) in order to travel? Yes No



Status of Condition (Check only one)

Permanent

Temporary

Seasonal (December 1 - March 1)

Estimate Time in Months:

Health Care Professional Information

I am registered as:

A licensed physician

Certified psychologist/psychiatrist

Registered occupational therapist

Registered Nurse Practitioner

Licensed Optometrist/
ophthalmologist/eye physician

Other:

Name:

Address:

Apartment/Suite/Unit #:

City/Town:

Postal Code:

Telephone:

Fax:

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

Health Care Professional's Signature

Date

Please submit completed forms to:

BWG Transit, c/o Accessibility Coordinator
100 Dissette Street, Units 7 and 8
PO Box 100
Bradford, ON L3Z 2A7
Telephone: 775-5366 x 1105
Fax: 905-775-0153
Email: accessibility@townofbwg.com

For further information please contact the above or visit www.townofbwg.com/transit

Any health and personal information filed in support of this application are subject to the confidentiality provisions of the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) and will be solely used to determine eligibility for specialized transit. Questions about this collection should be directed to the Town of Bradford West Gwillimbury, Clerk's Division, 100 Dissette Street, Units 7 & 8, P.O. Box 100, Bradford, Ontario, L3Z 2A7, Telephone 905-775-5366 ext. 1101, Fax 905-775-0153.

For Office Use Only

Date Approved:

Approved By:

Comments: