SUPPORT PERSON PASS

Clerks Department
The City of Woodstock
P.O. Box 1539,
500 Dundas Street
Woodstock, Ontario N4S 0A7
Phone 519-539-1291

This is an interactive form, you have the option of completing your portion on-line and then printing so you can take or send the form to your health care professional to have Part B completed, or you may print the blank form and complete it by hand. **Both Part A and Part B must be completed in order for your application to be considered.** Please return the completed form to the address listed on the application.

The City of Woodstock SUPPORT PERSON PASS is a photo ID card that identifies a person who, because of their disability, requires regular or occasional assistance while using the City's transportation services. The SUPPORT PERSON PASS allows you to have one Support Person ride with you free of charge. There is no charge for the Support Person Pass. There is a $10.00 charge for the replacement of a lost card.

The information provided on this application is of a confidential manner, and is for the sole use of consideration of Support Person Pass Registration. It is protected from access by the Freedom of Information and Protection of Privacy Act, 1987.

This application is subject to review by the City Physician and any other persons deemed appropriate by the City Clerk at any time.

This application is only for use by those persons who use the City's regular transit system and require a support person to travel with them.

If you have any questions or need assistance, please call the Clerk's Department at: (519) 539-1291

HOW TO APPLY FOR SUPPORT PERSON PASS

- Fill out Part A of this application.
- Take or send the application (Parts A and B) to your health care professional to have Part B completed. Both Part A and Part B must be completed in order for your application to be considered.
- Return the completed application (Parts A and B) to the Clerks Department on main floor of Woodstock City Hall.
- The Clerks Department will notify you of your eligibility.
- If you have not been notified within 14 days of submitting your application, please call us.
- All information on this application form will be kept confidential.
- **Failure to completely fill out the application will delay the application process.**

Click this button to print a blank form to be filled in by hand and then taken to your health care provider

Print Form

PLEASE TYPE OR PRINT CLEARLY

PART A: APPLICANT INFORMATION

1. Name	(Last)	(First)	(Middle)

2.Address	Street		Unit # (if applicable)
	City	Province	Postal code

3. Daytime Phone ( )- -	Evening Phone ( )- -
TTY/TDD Number ( )- - (For Hearing Impaired)	Cell Phone ( )- -

4. Date of Birth	Month	Day	Year

5. In case of emergency, please notify (eg. family, friend, neighbour)

Name	Relationship
Daytime Phone ( )- -	

6. Please describe the ways in which your disability requires you to have the assistance of a Support Person when using the City's Services:

I hereby certify that to the best of my knowledge, the information given above is correct and I authorize the health care professional named on Part B to provide information to the City Clerk or Deputy Clerk.
If new information is received regarding a change in my functional ability, my elgibility status may be reviewed.

Signature of Applicant: _____ Date _____
MM / DD / YY

When you have completed Part A, take or mail Parts A and B to your health care professional. When Part B has also been completed, mail or deliver Parts A and B to the Clerk's Department at Woodstock Ctiy Hall, P.O. Box 1539, Woodstock, ON N4S 0A7

Click this button if you need to reset the form	Click this button to print your completed form to be taken to your health care provider
Reset Form	Print Completed Form

PART B: DISABILITY INFORMATION

TO BE COMPLETED BY HEALTH CARE PROFESSIONAL

The City of Woodstock's Support Person Program is intended for those persons who, due to their disability, require regular or occasional assistance while using the City's regular transit transportation services.

CERTIFICATION PROCESS:

1. The applicant (or representative) has completed Part A. Please read Part A in its entirety.
2. You may be contacted if any questions remain.
3. The application must be filled out COMPLETELY and must be legible or it may not be processed.

4. I have read Part A in its entirety ◯ Yes ◯ No

5. I agree with the information in Part A and I agree that the applicant requies a support person

◯ Yes ◯ No

Please provide an explanation why a support person is needed.

6. Profession (check one)

◯ Licensed Physician
◯ Licensed Optometrist
◯ Nurse Practitioner
◯ Certified Psychiatrist

7. Expected duration of disability ◯ Temporary: Expected duration until _____ mm/dd/year
◯ Permanent: No expection of recovery

8. I hereby certify that the above information is true Date _____ MM / DD / YY

Signature _____

Print Name
Or use stamp _____

Address - Street		Unit # (if applicable)
City	Province	Postal code
Daytime Phone ( )- -		

THANK YOU FOR YOUR ASSISTANCE

Please return this application to the person seeking a Support Person Pass or with the person's permission, forward it directly to;

The Clerks Department
The City of Woodstock
P.O. Box 1539, 500 Dundas Street
Woodstock, ON N4S 0A7