# Application for TTC Support Person Assistance Card

**SUBMITTING THIS APPLICATION WILL NOT MAKE YOU ELIGIBLE FOR WHEEL-TRANS SERVICE**

The **TTC Support Person Assistance Card** is a photo identification card that identifies the card holder as a person who, because of disability, needs to be accompanied by a support person. A support person is someone who assists the card holder with communication, mobility, personal care/medical needs or with access to goods, services or facilities. Upon fare payment by or for the card holder, the Support Person Assistance Card permits one (1) support person to travel with the card holder on the TTC at no additional cost. Additional companions or escorts must pay a fare.

Applicants or their legal guardian must complete Part A and Part B of this application. An authorized health care professional, as listed below, must complete and stamp Part C. **Incomplete forms will not be accepted**.

Applications can be submitted:

1. By Mail: Mail completed application to the address provided with one passport-sized photo signed on the reverse by the authorized regulated health care professional who completes Part C of the Application.

   Ensure that the following are enclosed:

   - Completed application form (Parts A and B by the applicant or legal guardian, and Part C by an authorized regulated health care professional)
   - One passport-sized photo of the applicant, certified by the health care professional who completed Part C of the application

   Mail this application to:

   TTC Support Person Assistance Card
   1900 Yonge Street
   Toronto, Ontario M4S 1Z2

   **OR**

2. In Person: Bring completed application and valid government-issued or CNIB identification to the TTC Photo ID Office at Bathurst Station, where a photo for the Support Person Assistance Card will be taken. The name on the identification must match the name provided on this application. You do not need to provide a passport-sized photo if you submit your application in person.

**Please note that the TTC will not reimburse any costs incurred to complete this application.**

Questions? Please visit the Support Person Assistance Card Frequently Asked Questions (FAQ) page in the Fares section of TTC website http://www.ttc.ca or call TTC Customer Service at 416-393-3030 (TTY 1-800-855-0511), daily 7:00 a.m. - 10:00 p.m., except statutory holidays.

Please allow **2 to 4** weeks processing time to receive the Support Person Assistance Card.

## Part A : Eligibility Declaration - *To be filled out by the applicant or the applicant's legal guardian*

**By completing, signing, and submitting this application to the TTC, I am stating that the information provided is true and accurrate. I understand that submitting false information constitutes fare evasion** and that fraudulent use of a TTC photo ID card is an offence under TTC By-law No. 1 subject to a fine and permanent loss of the card.

**X** _____ _____

Signature of Applicant or Legal Guardian | Date

***Turn Over . . . .***

## Part B : Applicant Information - *To be filled out by the applicant or the applicant's legal guardian*

**All fields are required.**

First Name: _____ Last Name: _____

Street Address: _____

Apartment or Suite #: _____ City: _____

Postal Code: _____ Telephone No.: _____

Date of Birth: _____ (YYYY) _____ (MM) _____ (DD) Email Address: _____

Are you a person with a disability? ☐ Yes ☐ No

**Please describe in detail why, because of your disability, you need to be accompanied by a support person. Include limitations, reasons, etc. (REQUIRED):**

_____

_____

_____

_____

_____

_____

This application was completed by: ☐ Applicant ☐ Legal Guardian

## Part C : Medical Information

***Must be completed by an authorized regulated Health Care Professional***

*(Family Doctor or other Physician, including Psychiatrist, Physiotherapist, Optometrist, Audiologist, Psychologist, Chiropractor, Occupational Therapist, Speech Language Pathologist, Certified Orientation & Mobility Specialist or Registered Nurse)*

Name: _____ Professional Registration No.

Professional Affiliation: _____

Street Address: _____

Suite: _____ City: _____

Postal Code: _____ Telephone No.: _____

Please check the applicable boxes below.

**I certify that:**

- ☐ **The applicant is a person with a disability, as defined by the Ontario Human Rights Code, and the disability is:**
  - ☐ Permanent ☐ Temporary, and expected to resolve by: Date: _____ (YYYY) _____ (MM) _____ (DD)
- ☐ **The applicant, because of their disability, requires a support person to assist with**
  - ☐ Communication
  - ☐ Mobility
  - ☐ Personal care/medical needs
  - ☐ Access to goods, services or facitlities
- ☐ **I have reviewed the application. I confirm that the limitations/reasons described by the applicant for needing to be accompanied by a support person are the result of the applicant's disability. I further certify that the information provided in the application is accurate and complete to the best of my knowledge.**

**X** _____

**Signature of Medical Professional**

**Date:** _____ (YYYY) _____ (MM) _____ (DD)

**Stamp of Medical Professional**

* * * *

The personal information on this form is collected under the authority of the *City of Toronto Act*, 2006, S.O. 2006, c.11, Schedule A, and the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M.56, S.31. This information is collected and used for the purpose of the TTC Support Person Assistance Program, including eligibility determination renewals and notifying applicants of any future changes to the Program. Questions about this collection can be directed to our Customer Service Department by calling 416-393-3030.

**FOR TTC PHOTO ID OFFICE USE ONLY**

**Date Card Issued:** _____ **Card Number:** _____