

APPLICATION FOR HAMILTON STREET RAILWAY SUPPORT PERSON ID CARD



SECTION A: GENERAL INFORMATION

The Hamilton Street Railway (HSR) SUPPORT PERSON IDENTIFICATION CARD is a Photo ID card that identifies a person who, because of their disability, requires regular or occasional assistance while traveling on HSR Buses. In compliance with the Accessibility for Ontarians with Disabilities Act (AODA), the HSR SUPPORT PERSON ID CARD allows you to have ONE (1) support person ride with you on any HSR route. Regular HSR fares apply to you, and your support person rides at no charge. There is no charge for the HSR SUPPORT PERSON ID CARD. The cost for replacement of a lost card is \$16.67 + HST (\$18.84). Card holders will be asked to update their information and obtain a new card every three years.

- Complete <u>Section B: Applicant Information</u> yourself or with the assistance of a Support Person.
- <u>Section C: Disability Information</u> must be completed by a Regulated Health Care Professional (i.e. Doctor, Nurse Practitioner, Registered Nurse, Physiotherapist, Occupational Therapist, Chiropractor, Regulated /licensed Master of Social Work).
- On completion of this form, please forward by mail to:

Accessible Transportation Services c/o 71 Main Street West Hamilton, ON L8P 4Y5

 ONCE YOUR APPLICATION HAS BEEN REVIEWED AND APPROVED, YOU WILL RECEIVE A CONFIRMATION LETTER AND INSTRUCTIONS RE HOW TO OBTAIN YOUR HSR SUPPORT PERSON ID CARD.

For further information or clarification, please call ATS Customer Service at 905-529-1212 Ext. 1831, or visit the HSR website at www.hamilton.ca/hsr under Fares/Photo Identification.

SECTION B: APPLICANT INFORMATION			
NAME:			
	Surname (Please PRINT)	First Name	Middle Initial
TELEPHONE:		DATE OF BIRTH:	
			YY – MM – DD
ADDRESS:			
	Street Number and Name		Apt. #
	City	Province	Postal Code
	APPLIC	CANT'S CONSENT	
	to the transit operator contact n or clarification is required re	• •	
Applicant's	s or Preparer's Signature		Date
Preparer's	Relationship to Applicant	 Prepa	rer's Daytime Phone

SECTION C: DISABILITY INFORMATION
TO BE COMPLETED BY HEALTH CARE PROFESSIONAL:
(Physician, RN, Nurse Practitioner, Physiotherapist, Occupational Therapist, Chiropractor, MSW)
Are there conditions or special health care needs which would prevent the applicant's independent use of conventional transit? Please explain:
2. Status of Condition: ☐ Permanent ☐ Temporary: Estimated time in months
3. Does the applicant require the assistance of a Support Person (Personal Care Attendant) in order to travel on conventional public transit (HSR)?
□ Yes □ No
CERTIFICATION BY HEALTH CARE PROFESSIONAL
Name of Health Care Professional (Please PRINT)
Professional Designation
Organization's Name
Address
Street Number and Name Telephone
City Province Postal Code Fax
I hereby certify that the information provided is accurate and complete to the best of my
knowledge.
knowledge.
Signature of Health Care Professional Date Personal information on this form is collected under the authority of Section 227 of the Municipal Act, 2001, S.O. 2001, c.25 as amended, and is used solely to determine eligibility for the Support Person Identification Card for travel on Hamilton Street Railway buses. This information is held in strict confidence. Questions about this collection should be directed
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REV: OCTOBER 24/23