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 IDENTIFICATION 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 IDENTIFICATION CARD. The cost for replacement of a lost card is $15.00 + HST ($16.95). Card holders will be asked to update their information and obtain a new card every three years.

- Complete Section B: Applicant Information yourself or with the assistance of a Support Person.
- Section C: Disability Information must be completed by a Health Care Professional (i.e. Doctor, Nurse, Physiotherapist, Occupational Therapist, Recreational Therapist, Chiropractor).
- On completion of this form, please forward by mail to:
  Accessible Transportation Services
  P.O. Box 340, 2200 Upper James Street
  Mount Hope, ON L0R 1W0

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

<table>
<thead>
<tr>
<th>NAME:</th>
<th>Surname (Please PRINT)</th>
<th>First Name</th>
<th>Middle Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>TELEPHONE:</td>
<td>______________________</td>
<td>DATE OF BIRTH:</td>
<td>______________________</td>
</tr>
<tr>
<td>ADDRESS:</td>
<td>______________________</td>
<td>YY – MM – DD</td>
<td></td>
</tr>
<tr>
<td>Street Number and Name</td>
<td>Apt. #</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>Province</td>
<td>Postal Code</td>
<td></td>
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</tbody>
</table>

**APPLICANT’S CONSENT**

I consent to the transit operator contacting my health care professional if additional information or clarification is required regarding the disability information in my application.

<table>
<thead>
<tr>
<th>Applicant’s or Preparer’s Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

| Preparer’s Relationship to Applicant | Preparer’s Daytime Phone |
SECTION C: DISABILITY INFORMATION

TO BE COMPLETED BY HEALTH CARE PROFESSIONAL (Doctor, Nurse, Physiotherapist, Occupational Therapist, Recreational Therapist, Chiropractor):

1. 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.

Signature of Health Care Professional ___________________________ Date __________

Personal information on this form is collected under the authority 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 to:

Accessible Transportation Services
Attention: Customer Service Coordinator
P.O. Box 340, 2200 Upper James Street
Hamilton, ON L0R 1W0
(905) 529-1212, Ext 1831

**FOR OFFICE USE ONLY**

Date Approved __________________________
Comments: ____________________________