GOVA TRANSIT & GOVA-PLUS DISABILITY PENSIONERS' BUS PASS

ELIGIBILITY:

You are eligible for a Disability Pensioners' Pass for Specialized Transit or Conventional Transit if you are a resident of the City of Greater Sudbury and are currently receiving one of the following:

1) Ontario Disability Support Program (O.D.S.P.)
2) Association for Children with Severe Disabilities (A.C.S.D.)
3) Canada Pension Plan Disability (C.P.P.D.)
4) A War Veterans Pension
5) Registered with CNIB

HOW TO APPLY:

Please complete the reverse and follow the instructions below:

1) Persons receiving a monthly disability cheque from the Ontario Disability Support Program, or the Association for Children with Severe Disabilities, must have the application form **certified by the Ministry of Community and Social Services at 199 Larch Street, 5th floor.**

2) Persons receiving a monthly disability cheque from the Canada Pension Plan for Disability **MUST** present proof in the form of a **T4, current pay stub and photo identification** to the Transit Kiosk staff located at 9 Elm Street upon application.

3) Persons receiving War Veteran's Pension must have the application form **certified by the Department of Veteran's Affairs.**

4) Persons registered with the C.N.I.B. must have the application form **certified by the C.N.I.B.**

Return the completed application form by:

Mail:
City of Greater Sudbury Transit
1160 Lorne Street, Sudbury, ON, P3C 4TC
ATTN.: GOVA PLUS/DISABILITY PENSIONERS' SERVICES

In Person:
At the Transit Centre Kiosk, 9 Elm St. or at any Citizen Service Centre

PLEASE NOTE: For conventional Transit, a Photo I.D. card must be purchased for $6.50 and acquired at the Transit Centre Kiosk, 9 Elm. St.

REDUCED FARES:
The reduced fares you can qualify for are:

6-RIDE CARD	31-DAY PASS
$15.00	$56.00

FOR FURTHER INFORMATION ABOUT GOVA TRANSIT, PLEASE VISIT:
https://www.greatersudbury.ca/live/transit/ or CALL 3-1-1

APPLICATION FOR GOVA TRANSIT & GOVA PLUS DISABILITY PENSIONERS' BUS PASS

Date: _____

Applicant Name: _____

Address: _____

_____

Phone Number: _____

Date of Birth: _____

Application for Conventional Transit ☐ **OR Specialized Transit** ☐

This will verify that Mr. / Miss / Mrs.: _____ is receiving one of the following pensions: (*check one of the following*)

An Ontario Disability Support Program Pension (O.D.S.P.)..... ☐

A pension from the Association for Children with Severe Disabilities (A.C.S.D.)..... ☐

A disability from the Canada Pension Plan Disability (C.P.P.D.)..... ☐

A War Veterans Disability Pension..... ☐

Or

Is Registered with the C.N.I.B ..... ☐

Authorization:

Signature / Place stamp here

rev. 2024-01-31