

## **Application for GOVA Transit Support Person Assistance Card**

**This application does not provide eligibility for GOVA Plus service.**

The Support Person Assistance Card applies only to GOVA Transit. Clients of GOVA Plus should complete this form if they plan to travel on conventional GOVA Transit buses with a support person. GOVA Plus does not require a Support Person Assistance Card.

**Please note:** The City of Greater Sudbury is not responsible for any fees associated with the completion of this application.

The GOVA Transit 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 specifically employed or designated by an individual to assist with daily living needs, including travel.

Upon payment of fare by or for the card holder, the Support Person Assistance Card permits one support person to travel with the card holder on GOVA Transit at no additional cost. Additional companions or escorts must pay a fare.

Applicants must complete Part A and Part B of this application. An authorized health care professional, as listed below, must complete and stamp Part C.

Applications must be submitted by mail to:

GOVA Transit  
Tom Davies Square  
200 Brady Street  
PO Box 5000, Stn A  
Sudbury, ON  
P3A 5P3

You will be notified of the status of your application, either approved or not approved, within 14 days of receipt by GOVA Transit. If your application is not approved, you have the option of appealing the decision to the Hearing Committee of Greater Sudbury Council.

Once your application has been approved, you will be asked to visit the ticket kiosk at the Downtown Transit Terminal at 9 Elm St. Sudbury to have your photo taken and to receive your Support Person Assistance Card.

If you prefer not to visit the Downtown Transit Terminal, you also have the option of mailing two colour passport photos signed on the reverse by the authorized health care professional who completes Part C of this application. Please mail photos to GOVA Transit. Your completed Support Person Assistance Card will be mailed to your home address.

**Part A: Eligibility Declaration to be completed by the Applicant or by an Authorized Designate on behalf of the Applicant.**

By completing, signing and submitting this application to GOVA Transit, I am stating that the information provided is true and accurate. I understand that submitting false information will result in a permanent loss of the Support Person Assistance Card.

I authorize GOVA Transit to contact the health care professional identified below to obtain additional information pertaining to my application for a Support Person Assistance Card.

\_\_\_\_\_  
Signature of Applicant or Authorized Designate

\_\_\_\_\_  
Date

**Part B: Applicant information to be completed by the Applicant or by an Authorized Designate on behalf of the Applicant.**

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Primary Telephone Number \_\_\_\_\_

Secondary Telephone Number \_\_\_\_\_

Street Address \_\_\_\_\_

City and Postal Code \_\_\_\_\_

Email Address (optional) \_\_\_\_\_

Please explain the specific reason(s) why you need to be accompanied by a support person.

This application was completed by

Applicant \_\_\_\_\_

Authorized Designate \_\_\_\_\_

**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, Nurse Practitioner or Registered Nurse.)

Name \_\_\_\_\_

Professional Affiliation \_\_\_\_\_

Professional Registration No. \_\_\_\_\_

Street Address \_\_\_\_\_

City and Postal Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

Is the applicant's disability

Permanent

Temporary

If temporary, what is the expected duration? \_\_\_\_\_

I certify that the applicant is a person with a disability who, because of the disability, requires a support person to assist with daily living needs, including travel. I certify that the information I have provided in this application is accurate and complete to the best of my knowledge.

Stamp of Medical Professional

Signature of Medical Professional \_\_\_\_\_

Date \_\_\_\_\_

The personal information on this form is collected under the authority of Municipal Act, 2001 for the purpose of the GOVA Transit Support Person Assistance Program, including determination of eligibility and notifying applicants of any future changes to the program. Questions about this collection can be directed to:

Manager of Transit Operations  
c/o Greater Sudbury Transit  
PO Box 5000, Stn 'A'  
Sudbury, ON  
P3A 5P3

For GOVA Transit Photo I.D. Office Use Only:

Date Card Issued \_\_\_\_\_

Card  
Number \_\_\_\_\_