

SECTION A: GENERAL INFORMATION

This pass is for individuals with disabilities who need help while traveling. It allows one Support Person to ride free of charge on any route. The pass is valid for one year and requires an annual information/status update.

Applicants: Must complete Section B

Health Care Professional: Must complete Section C

(Health Care Professional i.e. Doctor, Nurse, Physiotherapist, Occupational Therapist, Recreational Therapist)

Submit your completed application by email to smills@lambtonshores.ca, along with a scanned copy of government-issued photo ID showing your name and mailing address. Applications can also be submitted by mail or in person at: Municipality of Lambton Shores, 9577 Port Franks Road, Thedford, ON NOM 2NO..

When approved, the PASS will be mailed to you (typically within ten working days).

SECTION B: APPLICANT INFORMATION

| NAME: | | |
|-------------------------------------|-------------|----------------|
| First Name | Last Name | |
| PHONE: | | |
| EMAIL: | | |
| ADDRESS: (complete mailing address) | | |
| Street Number & Name | | Apt # / Unit # |
| O'I | P. 1.10 | |
| City | Postal Code | |

SECTION C: DISABILITY INFORMATION

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

Under the Guide to the Accessibility Standards for Customer Service, O. Reg 194/11 a SUPPORT PERSON is defined as "in relation to a person with a disability, another person who accompanies him or her in order to help with communication, mobility, personal care or medical needs or with access to goods or services."

Does the applicant require the help of a Support Person to travel?

| ☐YES ☐ NO | | | |
|---------------------------------|-----------------------------|-------------------------------------------------------------------------------------------------------------------|----|
| | CERTIFICATION BY HEALTH | CARE PROFESSIONAL | |
| Name (Please PRIN | т): | | |
| Professional Design | ation: | | |
| Organization's Nam | ne: | | |
| Address (complete | mailing address) | | |
| Street Number and | Name | | |
| City | Postal Code | | |
| Telephone: | | | |
| I hereby certify the knowledge. | information provided is acc | curate and complete to the best of my | ′ |
| Signature of Health | Care Professional | Date | |
| 2001, S.O. 2001, C.2 | | under the authority of the Municipal Ac I solely to determine eligibility for the Uron Shores Area Transit. | t, |

Questions about this collection should be directed to: Municipality of Lambton Shores,

Clerks Department, 9577 Port Franks Road, Thedford. 519-243-1400,

clerk@lambtonshores.ca.