

Application for Support Person Pass: Health Information Form

A support person can ride the bus for free when supporting or providing companionship to an eligible individual, such as a person with a disability.

Instructions

To determine eligibility, **an authorized regulated health practitioner** must complete sections 1, 2 and 3 to verify that the applicant requires a support person to assist with communication, mobility, personal care or medical needs, safety, or accessing goods and services.

Any health information or documents submitted in support of this application are privileged and subject to the confidentiality provisions of the Municipal Freedom of Information and Protections of Privacy Act.

Section 1 - Assessment of health condition

Check all that apply:

Any degree of physical disability caused by bodily injury, birth defect, or illness

A neurological and / or developmental disability

A learning disability or dysfunction in one or more of the processes involved in understanding or spoken language

Mental health disorder

Injury or disability for which benefits were claimed or received under the Workplace Safety and Insurance Act, 1997

Section 2 – Status of condition

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Permanent	
Temporary	
If temporary please indicate the estimated length of time in months:	

Section 3 – Regulated health practitioner information

Physicians & Surgeons of Ontario	
Occupational Therapists of Ontario	
Physiotherapists of Ontario	
Chiropractors of Ontario	
Nurses of Ontario	
Chiropodists of Ontario	
Regulated health practitioner's college number:	College phone number:
 	
Notice of Collection	
Personal information, as defined in the Municipal Freedom Privacy Act, is collected under the authority of the Municipal MFIPPA. Personal information collected on this form will be eligibility for the Kingston Transit support person pass. Que and disclosure of this personal information may be directed 613-546-0000 or email at contactus@cityofkingston.ca .	I Act, 2001, and in accordance with used to assist in determining stions regarding the collection, use,
Signature:	Date: