

DISABILITY TRAVEL CARD

NEW APPLICANT APPLICATION FORM

2012



Who can use this form?

This form is for **NEW** applicants only. If you have never applied or received a Disability Travel card, please use this form.

SECTION A: Overview

The **Disability Travel Card**TM provides free travel for support persons accompanying a person with a disability when traveling with Marine Atlantic Ferries, Via Rail*, Greyhound Bus, Coach Canada or Motor Coach Companies of Canada. The person with the disability pays regular fare.

Persons with a permanent disability who require a support person when travelling are eligible for the card. The applicant must agree to follow the terms and conditions for use of the card (see reverse side).

A support person is an individual who accompanies a person with a disability to provide those services that are not provided by transportation industry employees, such as assisting the person with eating, administering medication, communication and use of the facilities.

The Disability Travel card is not covered by Airlines. If you wish to book a flight, please contact the airline in which you wish to travel with and let them know that you are a person with a disability and require the support of an attendant.

*Via Rail only provides a discount for people with a disability over the age of 13 given that anyone under the age of 13 would not be allowed to travel without an attendant.

The Disability Travel Card is managed by Easter Seals Canada.

TERMS AND CONDITIONS:

1. The application form must be submitted by a person with a disability or a legal guardian on his or her behalf.
2. The applicant must be a client of the authorizing health care professional/service provider. The authorized health care provider signing section C must NOT be related to the applicant.
3. The applicant must be identified as having a disability that requires a support person/attendant while traveling on a train or bus. This must be verified by a registered health care provider or a recognized service provider (see section C for a complete list of regulated health care providers).
4. The applicant must present the Disability Travel card along with personal identification at the selected ticket office when purchasing his or her own ticket.
5. The person with a disability and support person must travel on the same train or bus ride together.
6. Tickets can only be purchased in person together with their attendant attending the same trip. Under no circumstances are tickets to be resold.
7. Upon submission of your complete application please allow 2 to 4 weeks for processing of your application and delivery of your Disability Travel card.
8. Applications that are incomplete or improperly completed will not be accepted. The applicant will be notified and asked to resubmit a complete and corrected application.
9. The Disability Travel card is a privilege, not a right. Misuse or abuse of this card shall result in the immediate termination and confiscation of the card and its privileges.
10. These terms and conditions are subject to change without notice under the authority of the Disability Travel card Partnership.

SECTION B NEW APPLICANT: PERSONAL INFORMATION

PLEASE PRINT CLEARLY – *Required Fields

*Applicant's Name: _____
(Person with disability)

* Date of Birth: / / Do you speak French fluently? Yes No

*Address: _____ Apt. #: _____

*City: _____ *Province: _____ *Postal Code: _____

*Telephone: () _____ *Email: _____

I give permission to Easter Seals to contact me for promotions and updates.

PRIVACY:

Easter Seals Canada is committed to protecting the privacy, confidentiality, accuracy, and security of any personal information that we collect, use, retain, and disclose in the course of the services we offer.

I hereby certify that I have read and understood all the terms and conditions as set forth in the application for the **Disability Travel** card.

*Applicant's signature: _____ * Date: _____

If the applicant is unable to sign, please have a legal guardian sign on their behalf.

SECTION C: HEALTH CARE PROVIDER INFORMATION

I hereby certify that this applicant is my client and is a person with a disability in accordance with the provisions of the Disability Travel card application form's terms and conditions. Please refer to page 2 of the application form.

1. The client has a permanent disability,
2. As a result of the disability, the client requires the assistance of an attendant while traveling

PLEASE PRINT CLEARLY – * Required Fields

*Name of Applicant: _____
 (Person with disability)

*Name of Authorized Health Care Provider: _____

Registration Number (if applicable): _____

*Address: _____

*City: _____ *Province: _____ *Postal Code: _____

*Telephone: () _____ Email: _____

*Please indicate () the category of Authorized Health Care Provider:

- | | |
|---|---|
| <input type="checkbox"/> Physician | <input type="checkbox"/> Ophthalmologist |
| <input type="checkbox"/> Nurse (RN or RNA) | <input type="checkbox"/> Psychiatrist |
| <input type="checkbox"/> Social Worker (RSW) | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Recreational Therapist |
| <input type="checkbox"/> Physiotherapist | <input type="checkbox"/> Pharmacist |
| <input type="checkbox"/> Audiologist | <input type="checkbox"/> Executive Director of a Disability Services Provider
(Must provide Name of Director and the Organization) |

PRIVACY:

Easter Seals Canada is committed to protecting the privacy, confidentiality, accuracy, and security of any personal information that we collect, use, retain, and disclose in the course of the services we offer.

Health Care Provider's

*Signature: _____ Date: _____

For residents living in Nova Scotia Please return this application form to:

Easter Seals Nova Scotia

3670 Kempt Road

Halifax, NS

B3K 4X8

Tel: (902) 453-6000

Fax: (902) 454-6121

www.easterseals.ns.ca

For ALL other provinces please mail your application form to the appropriate province.

Disability Travel Card™ Partners

Additional application forms are available from all partner organizations.

The British Columbia Lions Society for Children with Disabilities

3981 Oak Street Vancouver, BC
V6H 4H5

Tel : (604) 873-1865

Fax: (604) 873-0166

www.lionsbc.ca

Alberta Easter Seals

103-811 Manning Rd. N.E

Calgary AB

T2E 7L4

Tel: (403) 235-5662

Fax: (403) 248-1716

www.easterseals.ab.ca

Saskatchewan Abilities Council

2310 Louise Avenue

Saskatoon, SK

S7J 2C7

Tel: (306) 374-4448

Fax: (306) 373-2665

www.abilitiescouncil.sk.ca

SMD Foundation

401 – 825 Sherbrook St.

Winnipeg, MB

R3A 1M5

Tel: (204) 975-3111

Toll Free: 1-800-836-5551

Fax: (204) 975-3011

www.smd.mb.ca

Easter Seals New Brunswick

65 Brunswick Street

Fredericton, NB

E3B 1G5

Tel: (506) 458-8739

Fax: (506) 457-2863

www.easterseals.nb.ca

Easter Seals Nova Scotia

3670 Kempt Road

Halifax, NS

B3K 4X8

Tel: (902) 453-6000

Fax: (902) 454-6121

www.easterseals.ns.ca

DISABILITY TRAVEL CARD APPLICATION FORM CHECKLIST

- Has Section B been completed by, or on behalf of, a person with a disability?
- Has Section C been completed and signed by an authorized healthcare provider?
- Are you sending Section B and Section C of the application form only? (It is not necessary to return the entire application form).

Use the Disability Travel card when travelling with:



This program is administrated by Easter Seals
Disability Travel Card™ is a trademark of Easter
Seals Canada
Alternate Formats Are Available Upon Request.

