

Support Person Assistance Card Information

The Ride CK Support Person Assistance Card is a photo ID card identifying a rider who, because of a disability, requires assistance to effectively use Ride CK public transit services. The card allows one (1) support person to accompany you on transit vehicles free of charge when shown to the driver upon boarding.

The card is assigned to the rider so your support person may be interchangeable as long as that person is capable of meeting your needs to effectively use transit services due to your disability. **You are responsible for bringing your own support person.** Please visit www.rideck.ca to review our Support Person Policy.

You are **not** required to apply for this card if you are already approved for specialized transit with a *Mandatory* Support Person attached to your profile, unless you intend to also access conventional transit with a support person.

Your photo can be taken at the Civic Centre or Wallaceburg Municipal Centre when submitting the application or any time after submission. If approved, the card will be mailed to your address within 14 calendar days. This card must be renewed every five (5) years.

Section A: To be completed by Applicant/Rider or Designate

I am a new applicant

I am renewing my card

Applicant Name (Last) (First) **Date of Birth** (YY/MM/DD)

Mailing Address

City **Province** **Postal Code**

Phone (Home) **Phone** (Mobile) **Email Address**

Declaration and Disclosure of Information

By signing below, you agree to follow the terms of use of the Support Person Assistance Card in both letter and spirit and understand failure to do so may result in forfeiture of the card. You also give permission to the Municipality of Chatham-Kent to contact the health care professional who completes **Section B** of your application for clarification purposes.

Personal information contained on this form is collected by The Municipality of Chatham-Kent under the authority of the Municipal Act, 2001 and will be used by Transportation staff for the purpose of reviewing and processing your application. Questions regarding the collection and use of this information may be directed to the Municipal Clerk, 315 King Street West, Chatham, ON N7M 5K8, or by telephone at 519-360-1008, or email to ckclerk@chatham-kent.ca.

Signature of Applicant or Designate: _____ **Date:** _____

Name & Relationship of Designate (if applicable): _____

Section B: To be completed by Health Care Professional

It is my professional opinion _____ (Applicant Name) requires the assistance of a Support Person to effectively use public transit services due to his/her disability.

Yes
 No

Health Care Professional Information:

Full Name	Profession
Contact Number	Licence/Certification Number
Signature	Date (YY/MM/DD)

Please drop off this completed application to any Municipal Centre or submit by mail, email, or fax:

Municipality of Chatham-Kent
Attn: Engineering & Transportation
PO Box 640, 315 King Street West
Chatham, ON N7M 5K8

Email: ck311@chatham-kent.ca
Subject Line: Ride CK Support Person Assistance Card

Fax: 519-436-3240

Section C: To be completed Municipality of Chatham-Kent

Application (Circle One):	Approved	Denied
Date of Processing:		
Processed By (signature):		
Comments:		

< Affix Card Here >