

## 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](http://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.

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:**

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

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

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

**Email:**  
[ck311@chatham-kent.ca](mailto: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**

<b>Application (Circle One):</b>	<b>Approved</b>	<b>Denied</b>
<b>Date of Processing:</b>		
<b>Processed By (signature):</b>		
<b>Comments:</b>		

< Affix Card Here >