

**APPLICATION FOR AN ATTENDANT
TO TRAVEL WITH A REGISTERED PARA TRANSPO CUSTOMER
TO BE COMPLETED BY APPLICANT (PARA TRANSPO CUSTOMER)**

(PLEASE PRINT)

Name: _____
Surname Given Name Para Transpo Registration #

Address: _____
Street City Prov. Postal Code

Date of Birth: _____ **Telephone:** _____
Year / Month / Day

TO BE COMPLETED BY PHYSICIAN

Completion of this form will identify persons who are currently registered with Para Transpo and, because of their disability, require an attendant **every time** they travel on the Para Transpo system. This application will provide the Para Transpo customer's attendant with free transportation on Para Transpo whenever they accompany the Para Transpo customer.

To assist OC Transpo in determining eligibility to travel with an attendant, please complete the following questionnaire:

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1. Will the applicant, because of his/her disability, require an attendant **every time** he/she travels on the Para Transpo system?

YES

NO

2. For approximately how long will the applicant require an attendant while using the Para Transpo system?

3 months

6 months

1 year

3 years or more

Doctor's Name

Address

Telephone Number

Doctor's Signature

Date

APPLICANT (Para Transpo Customer) PLEASE NOTE:

Once this form is received at the Para Transpo Office you must always be accompanied by your attendant on Para Transpo. The driver will know if you require an attendant and your attendant will not have to pay a fare.

**MAILING ADDRESS: Para Transpo, 1500 St. Laurent Blvd., Ottawa, Ontario K1G 0Z8
LOCATED AT: 875 Belfast Rd., Ottawa, Ontario
FAX: (613) 244-4329**