



# Disability Travel Card Application Form

## Instructions

1. Read this document carefully.
2. If this is your first Disability Travel Card, print this form, complete it, and submit sections B (Applicant Information) and C (Health Care Professional Authorization).
3. If you are replacing a lost or damaged card, submit only section B (Applicant Information).
4. Mail, fax, or email completed Sections B and/or C to Easter Seals Canada. Instructions on how to do this are included under the title "Submitting Your Application" on page 5.
5. Keep a copy of the completed application form for your records.

## Program Overview

The Disability Travel Card is for people of all types of **permanent** disabilities who require the assistance of a support person when travelling with **VIA Rail Canada, Greyhound Canada, and Coach Canada**. When a cardholder presents the Disability Travel Card when purchasing a ticket for travel with one of the participating companies mentioned above, one support person can accompany them during travel for a reduced fee. The person with the disability (the Disability Travel Card holder) pays regular ticket price.

The applicant must agree to follow the terms and conditions for use of the card (see next page).

A support person is an adult who accompanies a person with a permanent disability to provide those services that are not provided by the participating transportation company employees, such as assisting the person with eating, administering medication, communication and use of the facilities. **The age regulations for a support person differ with each of our partners. Please contact them directly for specific details.**

The Disability Travel Card is not valid with any airlines.

The Disability Travel Card is managed and administered by Easter Seals Canada. The card does not expire. Easter Seals Canada is the distributor of the Disability Travel Card only and has no responsibility for any issues/complaints regarding customer service of the carrier. Please contact the carrier for any issues.

## Application Terms and Conditions

1. The application form must be submitted by a person with a permanent disability or a legal guardian on his or her behalf. If the applicant is unable to sign, a legal guardian can sign on their 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. We do **NOT** accept medical or diagnosis letters.
3. The physical Disability Travel Card must be presented along with personal identification at the selected ticket office when purchasing his or her own ticket. The card must also be carried and be presented when travelling.
4. The applicant must be identified as having a permanent disability that requires a support person while travelling with one of the travel partners. This must be verified by a registered health care professional or a recognized service provider (see section C for more details).
5. The Disability Travel Card cannot be used in such a way where 2 free tickets are granted. The cardholder must pay for one ticket, regardless of other promotions.
6. The Disability Travel Card holder and their support person must travel on the same train or bus together in the same class of service.
7. Under no circumstances are tickets to be resold.
8. The availability of advance tickets may vary. Please contact the specific travel company in advance to inquire about ticket availability.
9. This program is administrated by Easter Seals Canada. Upon submission of your complete application please allow 4 weeks for processing of your application and delivery of your Disability Travel Card.
10. Applications that are incomplete or improperly completed will not be processed. The applicant will be notified and asked to resubmit a complete and corrected application.
11. Misuse or abuse of this card shall result in the immediate termination and confiscation of the card and its privileges.
12. These terms and conditions are subject to change without notice.

### **Specific Conditions Regarding Travel on VIA Rail:**

- **The Disability Travel Card cannot be used for children under age 8.**
- The Disability Travel Card cannot be used for children under age 12 for trips where children are not entitled to travel alone according to their “unaccompanied children” service (travelling in sleeper or overnight for example).

Please contact VIA Rail Canada Customer Service for further details (contact information on page 6).



# Disability Travel Card Application Form

## Section B – Applicant Information

**\*Select the type of card you are applying for by checking off a box:**

(Only select the new card option if you have never had a Disability Travel Card in the past)

**New Card**

**Lost/Damaged Replacement Card**

If you have had a card in the past, write the Identification Number below (if known):

Identification No. \_\_\_\_\_

**Preferred Language:**  English

French

**\*Applicant Name:** \_\_\_\_\_

**\*Date of Birth (dd/mm/yyyy):** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**\*Mailing Address:** \_\_\_\_\_ **Unit #:** \_\_\_\_\_

**\*City:** \_\_\_\_\_ **\*Province:** \_\_\_\_\_ **\*Postal Code:** \_\_\_\_\_

**\*Phone:** (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

**\*E-mail:** \_\_\_\_\_

*I certify that I understand the terms and conditions as set forth in this application.*

 **\*Applicant/Guardian’s Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*New card applicants must also complete and submit *Section C – Health Care Professional Authorization of this application.***

Easter Seals Canada is committed to protecting the privacy, confidentiality and security of any personal information we collect, use, and retain.

To receive occasional e-mails about program updates, check this box:



## Section C – Health Care Professional Authorization

**IMPORTANT:** This section only needs to be completed for New Disability Travel Card applicants *only*. Lost/Damaged Replacement Card applicants do *not* need to complete it.

*I certify that the Disability Travel Card applicant, who is a client of mine, is a person with a **PERMANENT** disability who, because of the disability, needs to be accompanied by a support person to assist with communication, mobility, personal/medical needs or with access to goods, services or facilities when travelling by train or bus. Their need for support must extend beyond the basic services offered by the travel company employees (e.g. beyond baggage loading). I certify further that the information I have provided in this application is accurate and complete to the best of my knowledge.*

**\*Type of Accepted Health Care Professional (select one):**

<input type="checkbox"/> Physician	<input type="checkbox"/> Speech Language Pathologist
<input type="checkbox"/> Nurse (RN, RPN)	<input type="checkbox"/> Occupational Therapist
<input type="checkbox"/> Social Worker (RSW)	<input type="checkbox"/> Audiologist
<input type="checkbox"/> Physiotherapist	<input type="checkbox"/> Psychiatrist
<input type="checkbox"/> Behaviour Analyst (BCBA)	<input type="checkbox"/> Recreational Therapist
<input type="checkbox"/> Psychologist	<input type="checkbox"/> Éducateur/trice (QC only)
<input type="checkbox"/> Executive Director of a Disability Services Provider	
*Organization Name: _____	

Professional Stamp (if available)

\*Registration Number: \_\_\_\_\_

\*Name of Client (Disability Travel Card Applicant): \_\_\_\_\_

\*Name of Health Care Professional OR Executive Director: \_\_\_\_\_

\*Practice Address: \_\_\_\_\_ Unit #: \_\_\_\_\_

\*City: \_\_\_\_\_ \*Province: \_\_\_\_\_ \*Postal Code: \_\_\_\_\_

\*Phone: (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ x. \_\_\_\_\_ \*E-mail: \_\_\_\_\_

\*Health Care Professional OR Executive Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(Signatures from other types of health care professionals not included on the list above will **NOT** be accepted)  
(**NO OTHER** forms will be accepted in place of this section for new card applicants e.g. diagnosis forms)

## Submitting Your Application

Applications can be submitted by fax or mail. Depending on the province you reside in, the fax numbers and mailing addresses differ. See below.

**For residents of ONTARIO, QUEBEC, NEWFOUNDLAND, and P.E.I., mail or fax applications to:**

**Easter Seals Canada**

40 Holly Street, Suite 401

Toronto, ON

M4S 3C3

Fax: 416-932-9844

**For residents of ALL OTHER PROVINCES, mail or fax applications to the appropriate provincial office:**

**Alberta**

Easter Seals Alberta

811 Manning Rd NE, Suite 103

Calgary, AB T2E 7L4

Fax: 403-248-1716

**New Brunswick**

Easter Seals New Brunswick

65 Brunswick St

Fredericton, NB E3B 1G5

Fax: 506-457-2863

**British Columbia/Yukon**

Easter Seals British Columbia/Yukon

3981 Oak St

Vancouver, BC V6H 4H5

Fax: 604-873-0166

**Nova Scotia**

Easter Seals Nova Scotia

3670 Kempt Rd

Halifax, NS B3K 4X8

Fax: 902-454-6121

**Manitoba**

Society for Manitobans with Disabilities

825 Sherbrook St

Winnipeg, MB R3A 1M5

Fax: 204-975-3073

**Saskatchewan**

Saskatchewan Abilities Council

2310 Louise Avenue

Saskatoon, SK S7J 2C7

Fax: 306-373-2665

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If you have any questions about the Disability Travel Card, please contact Easter Seals Canada at:

E-Mail: [info@easterseals.ca](mailto:info@easterseals.ca) | Phone: 1-877-376-6362 (Toll-Free) or 416-932-8382

***\* Allow up to four weeks for your Disability Travel Card to be delivered. Please refrain from contacting us to check on the status of your application for at least four weeks after it has been submitted. \****

## **Application Checklist (For Your Reference)**

- Has Section B (Applicant Information) been completed?
- Has Section C (Health Care Professional Authorization) been completed? (For new applicants ONLY)
- Are you mailing or faxing the application to the appropriate office? (See page 5)

*\*Please only mail or fax in the relevant pages (Sections B, C) – and not this entire package\**

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## **Participating Partners - Customer Service Contact Information**

Please use the information below to directly contact our participating travel partners for all sales, service, and feedback related matters. Thank you.

### **Coach Canada**

*Mail:* Coach Canada

2015 Fisher Drive, Unit 101

P.O. Box 4017

Peterborough, ON K9J 7B1

*Phone:* 1-866-488-4452

*Email:* [customerservice@coachcanada.com](mailto:customerservice@coachcanada.com)

### **Greyhound Canada**

*Mail:* Greyhound Canada Transportation

Attention-Accessibility Matters

1111 International Blvd, Suite 700

Burlington, ON L7L 6W1

*Phone:* 1-866-488-4452

*Mail:* Greyhound Canada

### **VIA Rail Canada**

*Mail:* Customer Relations-Via Rail Canada

P.O. Box 8116, Station "A"

Montreal, QC H3C 3N3

*Phone:* 1-800-681-2561

*Email:* [customer\\_relations@viarail.ca](mailto:customer_relations@viarail.ca)