Disability Travel Card Application Form

Section A: Instructions

1. Read this document carefully.
2. If this is your first Disability Travel Card, print, complete and submit sections B (Applicant Information) and C (Health Care Professional Authorization).
3. If you are replacing a lost card, submit only section B (Applicant Information)
4. Mail, fax, or email completed Sections B and/or C to Easter Seals. Instructions on how to do this are included under the title “Submitting Your Application” on page 7.
5. Keep a copy of the application form for your records.
6. If you have any questions about the Disability Travel Card, please contact Easter Seals Canada at access2card@easterseals.ca or by phone at 1-877-376-6362 ext. 241.

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.** 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 partner. 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.

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. **Specific Conditions Regarding Travel on VIA Rail**:
    a. The Disability Travel Card cannot be used for children under age 8.
    b. 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).

13. Please contact VIA Rail Canada Customer Service for further details (contact information on page 7).

These terms and conditions are subject to change without notice.

Section B: Applicant Information

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

☐ New Card ☐ Lost or Damaged Replacement Card

Identification number of lost or damaged card:

Please select your preferred language below:

☐ English ☐ French

First and Last Name of Applicant (Person with the Permanent Disability):

Date of Birth (Day/Month/Year):

Mailing Address (Unit/House Number, Street, City, Province, Postal Code):

Phone Number:

Email Address:

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

☐ I wish to receive email communications about the Disability Travel Card Program and other information about Easter Seals Canada.

Section C: Health Care Professional Authorization

Please select one of the Accepted Health Care Professionals listed below:

- ☐ Physician
- ☐ Nurse
- ☐ Social Worker
- ☐ Physiotherapist
- ☐ Behaviour Analyst (BCBA)
- ☐ Psychologist
- ☐ Speech Language Pathologist
- ☐ Occupational Therapist
- ☐ Audiologist
- ☐ Psychiatrist
- ☐ Recreational Therapist
- ☐ Éducateur/trice (QC only)
- ☐ Executive Director of a Disability Services Provider

***Organization Name:**

_____

Professional Stamp
(if available)

I certify that the applicant, who is a client/patient of mine, is a person with a permanent disability who, due to 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. I certify further that the information I have provided in this application is accurate and complete to the best of my knowledge.

Please ensure both pages of Section C are complete and submitted.

First and Last Name of Applicant (Person with the Permanent Disability):

Name of Health Care Professional OR Executive Director:

Professional Registration Number:

Phone Number:

Email Address:

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.

Please ensure both pages of Section C are complete and submitted.

Application Checklist

(For Your Reference Only)

☐ Complete Section B (Applicant Information).

☐ Complete Section C (Health Care Professional Authorization) –***New applicants only.**

☐ Are you sending the application form to the appropriate office?

Submitting Your Application

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

For residents of Alberta, Ontario, Quebec, Newfoundland, and P.E.I., mail, email, or fax applications to:

Easter Seals Canada
40 Holly Street, Suite 401
Toronto, ON M4S 3C3
Email: access2card@easterseals.ca
Fax: 416-932-9844
Phone: 1-877-376-6362

For residents of all other provinces, mail, email, or fax applications to the appropriate provincial office:

British Columbia/Yukon
Easter Seals British Columbia/
Yukon 3981 Oak St
Vancouver, BC V6H 4H5
Email: info@eastersealsbcy.ca
Fax: 604-873-0166
Phone: 1-800-818-4483

Manitoba
Manitoba Possible
1857 Notre Dame Ave Winnipeg,
MB R3E 3E7
Email: info@manitobapossible.ca
Fax: 204-975-3011
Phone: 1-800-818-4483

New Brunswick
Easter Seals New Brunswick
65 Brunswick St
Fredericton, NB E3B 1G5
Email: info@easterseals.nb.ca
Fax: 506-457-2863
Phone: 1-888-280-8155

Nova Scotia
Easter Seals Nova Scotia
22 Fielding Ave
Dartmouth, NS B3B 1E2
Email: info@easterseals.ns.ca
Fax: 902-454-6121
Phone: 902-453-6000

Saskatchewan
Saskatchewan Abilities Council
2310 Louise Avenue
Saskatoon, SK S7J 2C7
Email: provincialservices@saskabilities.ca
Fax: 306-373-2665
Phone: 306-374-4448

**** Please allow up to four weeks for your Disability Travel Card to be delivered. Refrain from contacting us to check on the status of your application for at least four weeks after it has been submitted***
****Please ensure the envelope is at least "standard business" size, as we are mailing you your card.***

Participating Partner Customer Service Contact Information

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

VIA Rail Canada

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