

ATTENDANT PASS INFORMATION

What is an Attendant Pass?

For some individuals with disabilities, it is difficult to attend activities and events without assistance. An Attendant Pass allows people with disabilities to participate in the recreation activity of their choice with the support of an attendant. Attendants will be permitted to attend recreation activities and events free of charge when providing support for a person living with a disability.

Who can apply for an Attendant Pass?

Anyone who is living with a disability and has a verified need for the support of a personal attendant may apply for an Attendant Pass. Agencies such as hospitals, private homes, or nursing homes who escort clients/patients to events may apply for a pass for their group. The agency's logo will be placed on the Attendant Pass and staff will be required to show the Attendant Pass along with a piece of Agency ID. (Can be a work ID card, business card, etc.) Children under the age of 12 can apply provided they require an attendant in addition to a parent/guardian.

How do I use an Attendant Pass?

Persons living with a disability will pay for the cost associated with participating in the activity or event of their choice. Upon presentation of the Attendant Pass, their personal attendant will be admitted free of charge.

Does the Attendant Pass expire?

Yes. Attendant Passes expire after 5 years. You can reapply for a new one as often as the need exists. Please contact the Lead Staff of Inclusive Services if you require further information at 576-4450.

Where Can I use an Attendant Pass?

- Mile One Centre
- City of St. John's Facilities
- Wedgewood Park Recreation Centre
- H.G.R. Mews Community Centre
- The Arts and Culture Centre
- City of Mount Pearl Recreation Facilities
- The Works / Aquarena
- Metrobus

Please note: Participating agencies have guidelines in place. Failure to comply with agency guidelines may result in a refusal of service.

Attendant pass holders must indicate if special seating (i.e. wheelchair or aisle seating) is required. If complimentary passes are utilized and special seating is required, the venue box office should be notified to ensure accommodation. For access to other venues not mentioned above, please call in advance to ask if they will accept your Attendant Pass.

Completed applications may be mailed, emailed or faxed to the addresses below. Please allow 6-8 weeks for processing.

Mail to:
Lead Staff of Inclusive Services
Department of Recreation
City of St. John's
P.O. Box 908
St. John's, NL
A1C 5M2

Email: recreation@stjohns.ca
Fax: 576-8469
Telephone: 576-4450

CITY OF ST. JOHN'S DEPARTMENT OF RECREATION INCLUSIVE SERVICES



Attendant Pass Application

PERSONAL INFORMATION

All Information provided in this application will be kept confidential.

Name: _____

Address: _____

City: _____

Postal Code: _____

Phone: _____

Cell/Bus: _____

Email: _____

Date of Birth: dd ____ mm ____ yy ____

Caregiver (if applicable): _____

Phone: _____

Cell/Bus: _____

The information provided in this application is to the best of my knowledge, complete and accurate. I understand that the City of St. John's, Department of Recreation will contact the reference for further information if necessary. I also understand that approval is contingent upon verification from an acceptable reference along with my completed application and photo.

Signature of Applicant: _____

Date: _____

*If the applicant is under the age of 18 years, the legal guardian must sign below:

Guardian Name : _____
(please print)

Relationship to applicant: _____

Signature: _____

Date: _____

OFFICIAL VERIFICATION / REFERENCE

TO BE COMPLETED BY A PHYSICIAN,
SOCIAL WORKER OR DISABILITY AGENCY.

This is to verify that the applicant has a disability and requires an attendant to assist him/her in attending leisure activities in the community.

This applicant's disability is: Permanent
 Temporary

If temporary, how long is the disability anticipated to last? _____

The applicant requires:

- Wheelchair seating
- Regular seating
- Child: attendant in addition to parent/guardian
- Adult: 2 attendants
- Other requirements: _____

REFERENCE CONTACT INFORMATION

Name (please print): _____

Organization: _____

Position: _____

Address: _____

Telephone: _____

Email: _____

Signature: _____

Date: _____

FOR OFFICE USE ONLY

Date Received: _____

Reference check completed on: _____

Approved: Yes No

Contacted to confirm approval on: _____

Attendant Pass #: _____

Date Card Issued: _____

Additional Comments:

Is my Application Complete?

- Personal information supplied
- Reference information & signature supplied
- Photo attached or will be emailed

ATTENDANT PASS APPLICATION

ST. JOHN'S

DEPARTMENT OF RECREATION