



PLEASE PRINT

Department of Community Services

ATTENDANT PASS APPLICATION
All information provided in this application will be kept confidential.

APPLICANT INFORMATION (to be completed by the applicant)

SECTION 1

Name _____ Caregiver (if applicable) _____

Date of Birth (yyyy/mm/dd) _____ Caregiver Phone (if applicable) _____

Mailing Address _____

City _____ Postal Code _____ Phone _____ Mobile/Business _____

E-mail _____

A colour photo of the applicant is required to process the application :

A photo is enclosed

A photo will be emailed to inclusion@stjohns.ca

A photo will be dropped off in person

DECLARATION (to be completed by applicant)

SECTION 2

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 Community Services 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 (yyyy-mm-dd) _____

*If the applicant is under the age of 18 years and has a legal guardian OR is of legal age but has a caregiver, please sign below:

Guardian/Caregiver Name (PLEASE PRINT) _____ Relationship to Applicant _____

Signature of Guardian/Caregiver _____ Date (yyyy-mm-dd) _____

OFFICIAL VERIFICATION/REFERENCE (to be completed by a Physician, Social Worker or Disability Agency)

SECTION 3

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, what is the anticipated duration? _____

The applicant requires Wheelchair seating Regular seating

Other requirements _____

REFERENCE CONTACT INFORMATION

Full Name _____ Position _____ Organization _____

Address _____

City _____ Postal Code _____ Phone _____

E-Mail _____ Signature of Reference _____

FOR OFFICE USE ONLY

SECTION 4

Date Received (yyyy-mm-dd) _____ Approved Yes No Attendant Pass # _____

Notes _____

Completed applications can be mailed to the address below, dropped off to the Recreation Division Offices, Crosbie Building, 1 Crosbie Place or faxed to 709-576-2308. For more information call 709-576-4450.

Inclusive Services
City of St. John's
Department of Community Services
P.O. Box 908, St. John's, NL A1C 5M2