



REC-1006

Department of Community Services

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

APPLICANT INFORMATION **SECTION 1**

Name _____ Caregiver (if applicable) _____
Date of Birth (yyyy/mm/dd) _____ Caregiver Phone (if applicable) _____
Mailing Address _____ City _____ Postal Code _____
Phone _____ E-mail _____
Applicant photo required: photo enclosed photo will be emailed to inclusion@stjohns.ca photo will be mailed

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 applicant is under 18 years of age 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 them to attend events/activities in the community. Children under 12 may apply if a support person/worker is required in addition to a parent/guardian.

This applicant's disability is: Permanent Temporary – If temporary, what is the anticipated duration? _____

Requires: Wheelchair seating Regular seating Attendant in addition to parent/guardian (under 12)
 Other (please specify): _____

REFERENCE CONTACT INFORMATION

Name _____ Position _____ Organization _____
Address _____ City _____ Postal Code _____
Phone _____ E-Mail _____ Signature _____

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, 1 Crosbie Place or faxed to 709-576-2308. For more information call 709-576-4450.

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