

 <p>PLEASE PRINT</p>	CS- Attendant Pass Application	Community Services
<h2 style="margin: 0;">ATTENDANT PASS APPLICATION</h2>		

Contact Information	SECTION 1
Name _____ Caregiver (if applicable) _____ Date of Birth (yy/mm/dd) _____ Caregiver Phone (if applicable) _____ Mailing Address _____ City _____ Postal Code _____ Phone _____ Email _____ Applicant photo required: <input type="checkbox"/> photo enclosed <input type="checkbox"/> photo will be emailed to inclusion@stjohns.ca <input type="checkbox"/> photo will be mailed	

Official Verification/Reference (Physician, Social Worker or Disability Agency)	SECTION 2
<p>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.</p> <p>This applicant's disability is: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary – Anticipated duration? _____</p> <p><input type="checkbox"/> Wheelchair seating <input type="checkbox"/> Regular seating <input type="checkbox"/> Attendant in addition to parent/guardian (under 12)</p> <p><input type="checkbox"/> Other (please specify): _____</p> <p>REFERENCE CONTACT INFORMATION</p> Name _____ Position _____ Organization _____ Phone _____ Address _____ City _____ Postal Code _____ E-Mail _____ Signature _____	

Declaration (to be completed by applicant)	SECTION 3
<p>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.</p> <p>Signature of Applicant: _____ Date (yy/mm/dd) _____</p> <p>*A guardian/caregiver may sign if the applicant is under 18 years OR is of legal age/unable to sign.</p> Guardian Name (Print): _____ Relationship to Applicant: _____ Signature: _____ Date (yy/mm/dd): _____	

For Office Use Only		
Date Received: _____	Approved: Yes <input type="checkbox"/> No <input type="checkbox"/>	Pass Number: _____
<input type="checkbox"/> Mail Out <input type="checkbox"/> Pick Up		



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Privacy Notice		SECTION 4
<p>Collection of personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed to process this application. Questions about the collection and use of the information may be directed to Manager of Family & Leisure Services at 576-8020 or email inclusion@stjohns.ca</p>		
<p>Please return completed forms to: Inclusive Services</p>	<p>City of St. John's Recreation Division P.O. Box 908 St. John's, NL A1C 5M2</p>	<p>Phone: (709)576-4450 Fax: (709)576-2308 Email: inclusion@stjohns.ca</p>