

TransHelp Renewal Form

For questions about this form, email TransHelpRegistration@peelregion.ca or call 905-791-1015.



Has the applicant used TransHelp before? Yes No

If **YES**, please provide your Client ID: _____

If **NO**, please do not continue. You must complete a full application at www.peelregion.ca/transhelp/apply

Is the applicant a temporary passenger? Yes No

If **YES**, please do not continue. You must complete a full application at www.peelregion.ca/transhelp/apply

Applicant's Contact Information

Surname (Last name): _____ First name(s): _____

Date of Birth: _____

Applicant's Home Address

Street Name: _____ Apartment/Unit: _____

City or Town: _____ Province: _____ Postal Code: _____

Phone (Preferred Number): _____ Phone (Alternate Number): _____

TTY/TDD Number: _____
(for people who are deaf, deafened or hard of hearing)

Email Address: _____

Applicant's Mailing Address (If different from home address)

Street Name: _____ Apartment/Unit: _____

City or Town: _____ Province: _____ Postal Code: _____

If there is another person (spouse/partner, other family member, etc.) acting as a representative for matters relating to services provided by Peel/TransHelp.

Name of Representative: _____ Relationship to applicant: _____

Phone Number: _____ Secondary Phone Number (optional): _____

Email Address: _____

Applicant's Authorized Contact Information

First Contact

Full Name: _____

Relationship to Applicant: _____

Phone Number: _____

Second Contact

Full Name: _____

Relationship to Applicant: _____

Phone Number: _____

Assistive Devices

Does the applicant currently use any of the assisting devices listed below?

Brace	Communication Device	Oxygen Tank
Cane	Crutch	White Cane
Scooter Dimensions (in inches or centimeters): Width: _____ Length: _____ Combined weight with applicant: Less than 800 lbs/318 kg More than 800 lbs/318 kg		
Walker or Rollator (specify type): Foldable Non-Foldable		
Wheelchair Type: Motorized Manual (non-foldable) Manual (foldable) Dimensions (in inches or centimeters): Width: _____ Length: _____ Combined weight with applicant: Less than 800 lbs/318 kg More than 800 lbs/318 kg		
Others: _____		
None of these devices		

Does the applicant currently use a service animal? Yes No

Does the applicant's disability prevent them from riding in a sedan-like vehicle? Yes No

Assistive Devices

Has the applicant's medical information changed since the last application? Yes No

If yes, please provide details:

Support Persons

A support person can assist with communication, mobility, personal care or medical needs or with access to goods, services or facilities. If the applicant requires a support person when travelling on TransHelp, they must provide their own. **TransHelp does not provide a support person.**

Does the applicant currently travel with a support person? Yes No

Does the applicant require a support person to travel? Yes No

Submit your completed application by email, mail, fax, or in-person

- Email: TransHelpRegistration@peelregion.ca
- Mail: c/o TransHelp Applications, 2 Copper Rd., Brampton, ON, L6T 4W5
- Fax: 905-277-5864
- In-person: drop-off at one of the following locations
 - Service Peel, 10 Peel Center Drive, Suite B, Brampton
 - Service Peel, 7120 Hurontario St., Mississauga
 - Service Peel, 9 Wellington St., Brampton

For questions about this re-application, email TransHelpRegistration@peelregion.ca or call 905-791-1015

Notice with Respect to the Collection of Personal Information

(Municipal Freedom of Information and Protection of Privacy Act)

Personal Information on this form is collected under the authority of the Municipal Act, 2001, S.O. 2001, c. 25 and will be used to create a profile to access and apply for Region of Peel programs or services online, verify ongoing eligibility and provide ongoing TransHelp supports.

Questions about this collection may be directed to:

Client & Administrative Services at 2 Copper Road, Brampton, ON, L6T 4W5, phone: 905-791-1015, or transhelp@peelregion.ca