

# TransHelp Passenger Update

For questions about this form, email [TransHelpRegistration@peelregion.ca](mailto:TransHelpRegistration@peelregion.ca) or call 905-791-1015.



Has the applicant used TransHelp before?    Yes    No

If **YES**, please provide your Passenger ID: \_\_\_\_\_

If **NO**, please do not continue. You must complete a full application.

Is the applicant a temporary passenger?    Yes    No

If **YES**, please do not continue. You must complete a full application.

Has the passenger's mobility aid or support person status changed?    Yes    No

If **YES**, please do not continue. You must complete a full application.

Go to [www.peelregion.ca/transhelp/apply](http://www.peelregion.ca/transhelp/apply) to complete a full application.

## Passenger's Contact Information

Surname (Last name): \_\_\_\_\_ First name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## Passenger'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: \_\_\_\_\_

## Passenger'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 passenger: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Secondary Phone Number (optional): \_\_\_\_\_

Email Address: \_\_\_\_\_

### Passenger's Authorized Contact Information

#### First Contact

Full Name: \_\_\_\_\_

Relationship to Passenger: \_\_\_\_\_

Phone Number: \_\_\_\_\_

#### Second Contact

Full Name: \_\_\_\_\_

Relationship to Passenger: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Assistive Devices

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

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

Does the passenger currently use a service animal?      Yes      No

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

## Assistive Devices

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

Has the passenger recently changed or replaced their mobility aid? 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 passenger currently travel with a support person? Yes No

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

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

- Email: [TransHelpRegistration@peelregion.ca](mailto:TransHelpRegistration@peelregion.ca)
- Mail: TransHelp Applications, 3190 Mavis Rd., Mississauga, ON L5C 1T9
- 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

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## 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 3190 Mavis Rd., Mississauga, ON L5C 1T9, phone: 905-791-1015, or [transhelp@peelregion.ca](mailto:transhelp@peelregion.ca)