

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 Client ID:

If **NO**, please do not continue. You must complete a full application at [www.peelregion.ca/transhelp/apply](http://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](http://www.peelregion.ca/transhelp/apply)

### Applicant's Contact Information

Surname (Last Name)	<input type="text"/>	First Name(s)	<input type="text"/>
Date of Birth	<input type="text"/>		

### Applicant's Home Address

Street Name	<input type="text"/>	Apartment/Unit	<input type="text"/>
City or Town	<input type="text"/>	Province	<input type="text"/>
		Postal Code	<input type="text"/>
Phone (Preferred Number)	<input type="text"/>	Phone (Alternate Number)	<input type="text"/>
TTY/TDD Number (for people who are deaf, deafened or hard of hearing)	<input type="text"/>		
Email Address	<input type="text"/>		

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

Street Name	<input type="text"/>	Apartment/Unit	<input type="text"/>
City or Town	<input type="text"/>	Province	<input type="text"/>
		Postal Code	<input type="text"/>
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	<input type="text"/>	Relationship to applicant	<input type="text"/>
Phone Number	<input type="text"/>	Secondary Phone Number (optional)	<input type="text"/>
Email Address	<input type="text"/>		

<b>Applicant's Authorized Contact Information</b>	
<b>First Contact</b>	<b>Second Contact</b>
Full Name <input style="width: 90%;" type="text"/>	Full Name <input style="width: 90%;" type="text"/>
Relationship to Applicant <input style="width: 90%;" type="text"/>	Relationship to Applicant <input style="width: 90%;" type="text"/>
Phone Number <input style="width: 90%;" type="text"/>	Phone Number <input style="width: 90%;" type="text"/>

<b>Assistive Devices</b>	
Does the applicant currently use any of the assisting devices listed below?	
<input type="checkbox"/> Brace	<input type="checkbox"/> Cane
<input type="checkbox"/> Oxygen Tank	<input type="checkbox"/> White Cane
<input type="checkbox"/> Scooter:	Dimensions (in inches or centimeters): Width <input style="width: 150px;" type="text"/> Length <input style="width: 150px;" type="text"/> Combined weight with applicant: <input type="checkbox"/> Less than 800 lbs/318 kg <input type="checkbox"/> More than 800 lbs/318 kg
<input type="checkbox"/> Walker or Rollator (specify type):	<input type="checkbox"/> Foldable <input type="checkbox"/> Non-Foldable
<input type="checkbox"/> Wheelchair:	Type: <input type="checkbox"/> Motorized <input type="checkbox"/> Manual (non-foldable) <input type="checkbox"/> Manual (foldable) Dimensions (in inches or centimeters): Width <input style="width: 150px;" type="text"/> Length <input style="width: 150px;" type="text"/> Combined weight with applicant: <input type="checkbox"/> Less than 800 lbs/318 kg <input type="checkbox"/> More than 800 lbs/318 kg
<input type="checkbox"/> Others:	
<input type="checkbox"/> None of these devices	
Does the applicant currently use a service animal? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the applicant's disability prevent them from riding in a sedan-like vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Medical Information</b>	
Has the applicant's medical information changed since the last application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details: _____	

<b>Support Persons</b>	
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. <b>TransHelp does not provide a support person.</b>	
Does the applicant currently travel with a support person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant require a support person to travel?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Application Completed by  Date

Phone Number  Email

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

- **Email:** [TransHelpRegistration@peelregion.ca](mailto: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](mailto:TransHelpRegistration@peelregion.ca) or call **905-791-1015**

<p><b>Notice with Respect to the Collection of Personal Information</b> (Municipal Freedom of Information and Protection of Privacy Act)</p> <p>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.</p> <p>Questions about this collection may be directed to: Client &amp; Administrative Services at 2 Copper Road, Brampton, ON, L6T 4W5, phone: 905-791-1015, or <a href="mailto:transhelp@peelregion.ca">transhelp@peelregion.ca</a></p>
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