

REQUEST FOR A TRAVEL COMPANION CARD

1 Identification of person requiring a travel companion

Date of the request <input type="text"/> <input type="text"/> <input type="text"/> year month day	Last name <input type="text"/>	First name <input type="text"/>	
Gender <input type="radio"/> F or <input type="radio"/> M	Number <input type="text"/>	Street <input type="text"/>	Apartment <input type="text"/>
Date of birth <input type="text"/> <input type="text"/> <input type="text"/> year month day	Municipality <input type="text"/>	Province <input type="text"/>	Postal code <input type="text"/>
	Telephone number – home <input type="text"/>	Telephone number – work <input type="text"/>	Email <input type="text"/>

PHOTO TO BE INCLUDED

Please include a 3.5 cm x 3.5 cm (approx.) size picture

* Identification of person completing and signing form, if different

Last name <input type="text"/>	First name <input type="text"/>
Telephone number – home <input type="text"/>	Telephone number – work <input type="text"/>
Relationship with person requiring a travel companion <input type="text"/>	Email <input type="text"/>

2 Agreement and signature of person requiring a travel companion

As the holder of an STM travel companion card, I agree to:

- > show the travel companion card when I pay my fare;
- > inform the STM of any change of address;
- > not allow anyone else to use the card;
- > return the travel companion card to the STM as soon as possible if it is not being used;
- > include a picture (approx. 3.5 cm x 3.5 cm).

“I certify that the information provided is accurate and I further authorize the professional to send the completed form to the STM.”

Signature of person requiring a travel companion, or its representant. _____ Date
year month day

The companion card is issued by the STM. For further information, please contact:

- > DI-TSA portal of the Centre intégré universitaire de santé et de services sociaux (CIUSSS) in your area;
- > your visual disability rehabilitation center;
- > the Office des personnes handicapées du Québec at 1 800 567-1465;
- > the Regroupement des usagers du transport adapté (RUTA) et accessible de l'île de Montréal at 514 255-0765;
- > the Société de transport de Montréal at 514 786-4636 (STM-INFO) or stm.info/en/companion.

Note: persons admitted as Transport adapté customers are not required to complete this form, as their Transport adapté identification card can be used as a travel companion card in the STM bus and métro networks.

3 Declaration by healthcare professional

This section must be completed by a healthcare professional from one of these centres recognized by the STM

- For persons with an intellectual disability: refer directly to your professional or to the DI-TSA portal of the Centre intégré universitaire de santé et de services sociaux (CIUSSS) in your area.
- For persons with a visual disability:
 - Centre de réadaptation Mab-Mackay;
 - Institut Nazareth et Louis-Braille.

Identify any significant and persistent deficiencies the person requiring a travel companion may have:

Specify the functional limitations justifying the need for a travel companion when using the STM's bus and métro networks:

- | | | |
|--------------------------|--------------------------------------|----------------|
| <input type="checkbox"/> | Difficulties with temporal awareness | Explain: _____ |
| <input type="checkbox"/> | Difficulties with spatial awareness | Explain: _____ |
| <input type="checkbox"/> | Problems with personal safety | Explain: _____ |
| <input type="checkbox"/> | Behavioural problems | Explain: _____ |
| <input type="checkbox"/> | Other disability | Explain: _____ |

Based on my assessment, I certify that the functional limitations of Mr. / Mrs. _____ justify the need for a travel companion when using the STM's bus and métro networks.

Based on the evaluation report sent to me, I certify that the functional limitations of Mr. / Mrs. _____ justify the need for a travel companion when using the STM's bus and métro networks.

Name of professional

Profession

Name of the CIUSSS or rehabilitation center

Telephone number

Signature

Please send this form to:

Centre de Transport adapté de la STM

3111, rue Jarry Est
Montréal (Québec)
H1Z 2C2