

Declaration of autonomy for transportation

****Incomplete forms will be considered invalid and will result in the user's ongoing supervision.**

Identification of Longueuil paratransit user		
User's name	User no.	
Address	Apartment	Telephone
City	Postal code	Mobile or other no.

Declaration and identification of the professional to be filled out only if the exemption applies to the user

(professionals authorized for **intellectual** disability: specialized educator, psychoeducator, psychologist or social worker **working in the field of intellectual disabilities**)

(professionals authorized for **psychological** disability: occupational therapist, nurse or social worker **working in the field of psychological disabilities**)

How long have you been treating or providing services to this person? _____

This form was filled out by: _____ (stamp or seal)

First and last name of professional _____

Position: _____ License no. _____

Signature (mandatory) _____ Date (YYYY-MM-DD) _____

Declaration and identification of health specialist:

I attest that the user is sufficiently autonomous to be left alone at his/her destination without supervision, at no risk to his/her health and safety or that of others. As such, I ask that the RTL not require a supervisor to be present:

1) user is not sufficiently autonomous to be left alone 2) user is autonomous at any destination

3) user is autonomous at the following addresses (maximum of 4 addresses; include home address, if applicable)

Civic no.	Street	Apt.	City	Postal code
-----------	--------	------	------	-------------

Civic no.	Street	Apt.	City	Postal code
-----------	--------	------	------	-------------

Civic no.	Street	Apt.	City	Postal code
-----------	--------	------	------	-------------

Civic no.	Street	Apt.	City	Postal code
-----------	--------	------	------	-------------

I (responsible person) agree to inform the RTL of any changes to this declaration.

Responsible person or legal tutor (please print); if no responsible person or legal tutor, the user must fill out this section.

First name: _____ Last name _____

Relationship with _____
the user (father, mother, tutor, curator, **user**, etc.)

Responsible person's address _____

Telephone number

Home _____ Work _____ Mobile _____

Please print contact information for two people to call in case of emergency

First name, Family name _____

Home _____ Work _____ Mobile _____

First name, Family name _____

Home _____ Work: _____ Mobile _____

I authorize the RTL to consult any person related to the user who submitted this application.

Signature of responsible person, legal tutor Date
(or user, if no responsible person)

Important

The purpose of this declaration is to respect the user's autonomy while ensuring his/her safety at the destinations.

When the paratransit driver is informed that a user is autonomous, the driver must:

- ensure he/she **is at the correct address**;
- accompany the user to the door;
- make sure the user **enters the building**.

This form must be signed by the person who is **legally responsible** for the user (parent, curator, etc.). A user who is responsible for him/herself may sign the form.

Make sure to return the **original** form, duly completed and signed by the health specialist. Faxes are not accepted.

As needed, a paratransit employee will contact the legal representative to confirm the information.

Section reserved for use by the Réseau de transport de Longueuil

Signature of the paratransit officer: _____

Date: _____