



Access 2 Card Application Form

Instructions

1. Read this document carefully. If you have any questions, please visit www.access2card.ca
2. If this is your first Access 2 Card, print, complete and submit sections B (Applicant Information), C (Health Care Professional Authorization) and D (Administration Fee Payment) – along with the administrative fee.
3. If you are renewing an expired card or replacing a lost card, submit only sections B and D - along with the administrative fee.
4. Mail, fax, or email completed Sections B and/or C and D to Easter Seals Canada.
5. Include administration fee: by cheque or money order (payable to “Easter Seals Canada”) or online payment (credit card, Visa debit, or PayPal - payable at www.access2card.ca). **Paying online is highly recommended as you will receive your card faster. See section D for payment details.**
6. Keep a copy of the application form for your records.

Program Overview

The Access 2 Card is for people of all ages and types of **permanent** disabilities who require the assistance of a support person. When a cardholder presents the Access 2 Card at a participating movie theatre or selected attraction across Canada, the support person is then given one free admission. The person with the disability pays regular admission price. **For a full list of participating venues, visit: www.access2card.ca.**

Persons with a permanent disability who require a support person when attending a movie theatre or attraction are eligible for the Access 2 Card. The applicant must agree to follow the terms and conditions for use of the card (see next page).

A support person is an individual who accompanies a person with a disability to provide those services that are not provided by the participating theatre/attraction employees, such as assisting the person with eating, administering medication, communication and use of the facilities.

There is a \$20 (3-year valid card) or a \$30 (5-year valid card) fee to acquire the Access 2 Card. The card will be valid for either 3 or 5 years and can be used at all Access 2 Card participating venues.

Terms and Conditions

1. The application form must be submitted by a person with a disability or a legal guardian on his or her behalf. If the applicant is unable to sign, a legal guardian can sign on their behalf.
2. The applicant must be identified as having a disability that requires a support person/attendant while attending an entertainment, cultural, recreation or attraction. This must be verified by a registered health care professional or a recognized service provider (see section C for a complete list of regulated health care professionals).
3. The applicant must be a client of the authorizing health care professional/service provider. The authorized health care provider signing section C must **NOT** be related to the applicant. We do **NOT** accept medical or diagnosis letters.
4. If the applicant has a CNIB ID card, a photocopy of the card can be submitted in place of the Section C. In this case, you do not have to complete section C. **DO NOT SEND ORIGINALS OF THE CNIB CARD.**
5. This card is valid for a period of **3 or 5 years** from date of issue after which a renewal application form must be filed with Easter Seals Canada. **\$20 for a 3-year card or \$30 for a 5-year card.**
6. The applicant must present the Access 2 Card at the movie theatre or selected attraction or venue's box office when purchasing his or her own ticket. The Access 2 card cannot be used in such way where two free entries are granted. One individual must pay admission, regardless of other promotions. An attendant is defined as an adult who is 18 years or older. Photo Identification is not necessary; however, the theatre or attraction may ask to see a second piece of photo identification.
7. Prices may vary by participating venue. No advanced tickets or admissions can be obtained with this card. For theatres: admission tickets can only be issued on the day of the selected movie.
8. Tickets can only be purchased in person together with a support person attending the same attraction. Under no circumstances are tickets to be resold.
9. This program is administrated by Easter Seals Canada on behalf of the Access 2 Card partners. Upon submission of your complete application please allow 4-6 weeks for processing of your application and delivery of your Access 2 Card.
10. There is a \$20 or \$30 (see no. 4) replacement fee for a lost or stolen card. Send a cheque made out to Easter Seals Canada to 40 Holly St. Suite 401, Toronto, ON, M4S 3C3 - or pay online. Paying online is highly recommended-as you will receive your card faster.
11. Applications that are incomplete or improperly completed will not be processed. The applicant will be notified and asked to resubmit a complete and corrected application.
12. Misuse or abuse of this card could result in the termination of the card and its privileges.
13. These terms and conditions are subject to change without notice.



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Section B – Applicant Information

***Select the type of card you are applying for by checking off a box:**

(Only select “new card” if this is your first Access 2 Card)

New Card Renewal/Expired Card Lost Card

If you have had a card in the past, write the barcode below (if known):

_____ - _____ Preferred Language: English French

***Applicant Name (Person with the Permanent Disability)**

First Name: _____ Last Name: _____

***Date of Birth (dd/mm/yyyy):** _____ / _____ / _____


***Mailing Address:** _____ **Unit #:** _____

***City:** _____ ***Province:** _____ ***Postal Code:** _____

***Phone:** (_____) - _____ - _____

***E-mail:** _____

I certify that I understand the terms and conditions as set forth in this application.

 ***Applicant or Guardian’s Signature:** _____ **Date:** _____

***Only “new” card applicants are required to complete and submit *Section C – Health Care Professional Authorization* of this application.**

***All applicants (New, Renewal/Expired, Lost) must pay the administration fee for the Access 2 card. Please ensure to also complete and submit *Section D – Administration Fee Payment* of this application.**

Easter Seals Canada is committed to protecting the privacy, confidentiality and security of any personal information we collect, use, and retain.



To receive e-mails about Access 2 and Easter Seals Canada, check this box:

Section C – Health Care Professional Authorization

**IMPORTANT: This section only needs to be completed for New Access 2 card applicants *only*.
Renewal/Expired and Lost Card applicants do *not* need to complete it. New applicants with a CNIB ID card
do *not* need to complete this section. Simply provide a photocopy of your CNIB card with your application.**

*I certify that the applicant, who is a client/patient of mine, is a person with a **PERMANENT** disability who, due to the disability, needs to be accompanied by a support person to assist with communication, mobility, personal/medical needs or with access to goods, services or facilities. I certify further that the information I have provided in this application is accurate and complete to the best of my knowledge.*

***Type of Accepted Health Care Professional (select one):**

<input type="checkbox"/> Physician	<input type="checkbox"/> Speech Language Pathologist
<input type="checkbox"/> Nurse (RN, RPN)	<input type="checkbox"/> Occupational Therapist
<input type="checkbox"/> Social Worker (RSW)	<input type="checkbox"/> Audiologist
<input type="checkbox"/> Physiotherapist	<input type="checkbox"/> Psychiatrist
<input type="checkbox"/> Behaviour Analyst (BCBA)	<input type="checkbox"/> Recreational Therapist
<input type="checkbox"/> Psychologist	<input type="checkbox"/> Éducateur/trice (QC only)
<input type="checkbox"/> Executive Director of a Disability Services Provider	
*Organization Name: _____	

Professional Stamp (if available)

***HCP Registration Number:** _____

***Name of Client (Access 2 Card Applicant):** _____

***Name of Health Care Professional OR Executive Director:** _____

***Practice/Service Address:** _____ **Unit #:** _____

***City:** _____ ***Province:** _____ ***Postal Code:** _____

***Phone:** (_____) - _____ - _____ x. _____ ***E-mail:** _____

 ***Health Care Professional OR Executive Director Signature:** _____

Date: _____

(Signatures from other types of health care professionals not included on the list above will **NOT** be accepted)
(**NO OTHER** forms or letters will be accepted in place of this section – e.g. diagnosis letters)

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Section D – Administration Fee Payment

IMPORTANT: The administration fee must be paid BEFORE we can process your application. Payment must be made for all applications (New, Renewal/Expired, Lost).

- If you are paying by cheque or money order (payable to “Easter Seals Canada”), please mail it along with your application.
- If you are paying online with a credit card, Visa debit card or PayPal account, you must submit your application after payment. Pay online at www.access2card.ca. Paying online results in the fastest turn-around time.

***Select Your Access 2 Card Type:**

3-Year Valid Card (\$20)

5-Year Valid Card (\$30)

***Select Your Payment Method:**

Online Payment
(Pay at www.access2card.ca)

*Name of Payer (credit card holder, Visa debit card holder or PayPal account holder):

*Name of Access 2 Card Applicant:

*Transaction Confirmation Code
(sent by e-mail after online payment is complete):

ESC - _____

The charge on your account statement will appear as being paid to “Easter Seals Canada”.

Cheque or Money Order
(Payable to “Easter Seals Canada” – send with completed application)

Application Checklist (For Your Reference)

- Has Section B (Applicant Information) been completed?
- Has Section C (Health Care Professional Authorization) been completed? (New applicants ONLY)
- Has Section D (Administration Fee Payment) been completed?
- Have you already paid online or enclosed the administration fee made payable to Easter Seals Canada?
- Have you enclosed a self-addressed, stamped, return envelope? (mailed-in applications only)

Please only submit the relevant pages (Sections B, C, D) – and not this entire package

Submitting Your Application

There are three ways to submit your application: by mail, fax, or e-mail.

Mailing Address:

Access 2 Program
40 Holly Street, Suite 401
Toronto, ON
M4S 3C3

NOTE: Please enclose the administration fee (cheque or money order) with your application or pay online before mailing it to us. Please also provide a self-addressed, stamped envelope for delivery of your Access 2 card.

Fax:

416-932-9844 – **NOTE: You must pay online before faxing your application.**

E-Mail (Scanned):

access2card@easterseals.ca – **NOTE: You must pay online before e-mailing your application.**

If you have any questions, please contact us at:

E-Mail: access2card@easterseals.ca

Phone: 1-877-376-6362 (Toll-Free) or 416-932-8382

****Allow up to four to six weeks for your Access 2 card to be delivered. Please refrain from contacting us to check the status of your application for at least four weeks after it has been submitted.****