

Access 2 Card Application Form

Section A: Instructions

1. Read this document carefully. If you have any questions, please visit 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 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.

Important: You may only purchase one Access 2 Card per individual who has a disability.

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 or discounted admission. The person with the disability pays the regular admission price. For a full list of participating venues, visit 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 the 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, communicating, 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 healthcare professional or a recognized service provider (see section C for a complete list of regulated healthcare 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 Section C. In this case, you do not have to complete section C. **Do not send the original CNIB card.**
5. This card is valid for a period of 3 or 5 years from the 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 a 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. 5) 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.

These terms and conditions are subject to change without notice.

Section B: Applicant Information

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

New Card

Renewal of an Expired Card

Lost Card

Please select your preferred language below:

English

French

First and Last Name of Applicant (Person with the Permanent Disability):

Date of Birth (Day/Month/Year):

Mailing Address (Unit/House Number, Street, City, Province, Postal Code):

Phone Number:

Email Address:



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

Applicant or Guardian's Signature: _____

Date: _____

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

I wish to receive email communications about the Access 2 Card Program and other information about Easter Seals Canada.



An Easter Seals Canada Program



Section C: Health Care Professional Authorization

***Important:** This section only needs to be completed for New Access 2 card applicants. Applicants with a CNIB card only need to provide a photocopy of their card with their application.

Please select one of the Accepted Health Care Professionals listed Health Care Professionals

Please select one of the Accepted Health Care Professionals listed below:

- | | |
|--|---|
| <input type="checkbox"/> Physician | <input type="checkbox"/> Audiologist |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Psychiatrist |
| <input type="checkbox"/> Social Worker | <input type="checkbox"/> Recreational Therapist |
| <input type="checkbox"/> Physiotherapist | <input type="checkbox"/> Éducateur/trice (QC only) |
| <input type="checkbox"/> Behaviour Analyst (BCBA) | <input type="checkbox"/> Executive Director of a Disability Services Provider |
| <input type="checkbox"/> Psychologist | |
| <input type="checkbox"/> Speech Language Pathologist | |
| <input type="checkbox"/> Occupational Therapist | |

***Organization Name:**

Professional Stamp
(if available)

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.

Please proceed to the next page of this section.

First and Last Name of Applicant (Person with the Permanent Disability):

Name of Health Care Professional OR Executive Director:

Professional Registration Number:

Phone Number:

Email Address:



Health Care Professional OR Executive Director Signature:

_____ **Date:** _____

Please ensure both pages of Section C are complete and submitted.

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 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:

Pay Online (at access2card.ca)

Name of credit card holder:

Name of Access 2 Card Applicant:

Transaction Confirmation Code (sent by email after online payment is complete):

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

Cheque or Money Order (**Send with completed application**)

Please ensure that the cheque or money order is:

- Payable to “Easter Seals Canada
- Dated within the last 6 months
- Signed

Application Checklist

(For Your Reference Only)

- Complete Section B (Applicant Information).
- Complete Section C (Health Care Professional Authorization) – ***New applicants only.**
- Complete Section D (Administration Fee Payment).
- Pay online or enclose the administration fee made payable to Easter Seals Canada.
- Enclose a self-addressed, stamped return envelope (**mailed-in applications only**).
- Only submit Sections B, C, and D – and not this entire package.

***Please ensure the envelope is at least “standard business” size, as we are mailing you your card.**

Submitting Your Application

There are three ways to submit your application: mail, fax, or email. Payment must be made before submitting your application.

Mailing Address:

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

Fax Number: 416-932-9844

Email (scanned application):
access2card@easterseals.ca

If you have any questions, please contact us by:

Email: access2card@easterseals.ca

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

Allow 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.**