



# Reservation Checklist

A step-by-step guide for meeting the needs of travellers with disabilities

Client \_\_\_\_\_ Date of travel \_\_\_\_\_

Nature of disability \_\_\_\_\_ File/locator no. \_\_\_\_\_

Phone/Email \_\_\_\_\_ Carrier(s) \_\_\_\_\_

ACCESSIBLE SERVICES FOR PERSONS WITH DISABILITIES	Date Requested	Date Carrier Notified	Date Carrier Confirmed
1) Carrier advised of the <b>nature of the person's disability</b>			
2) <b>Information in alternate formats on:</b> <input type="checkbox"/> itinerary <input type="checkbox"/> rates <input type="checkbox"/> disability-related services (specify): _____ <input type="checkbox"/> other (specify): _____ • alternate format(s) <input type="checkbox"/> audio <input type="checkbox"/> electronic <input type="checkbox"/> braille <input type="checkbox"/> large print			
3) Provision of a <b>seat</b> that meets the person's needs (except in emergency EXIT rows) <input type="checkbox"/> movable aisle arm rest <input type="checkbox"/> near entrance <input type="checkbox"/> additional leg room <input type="checkbox"/> near washroom <input type="checkbox"/> next to attendant <input type="checkbox"/> other (specify): _____			
4) <b>Attendant(s)*</b> – medical info required by carrier(s) <input type="checkbox"/> yes <input type="checkbox"/> no (specify): _____			
5) Carriage of a <b>mobility aid *</b> • specify type of mobility aid <input type="checkbox"/> manual wheelchair <input type="checkbox"/> manual folding wheelchair <input type="checkbox"/> scooter <input type="checkbox"/> electric wheelchair <input type="checkbox"/> other: _____ • note dimensions: _____ • type of batteries: <input type="checkbox"/> wet/acid <input type="checkbox"/> gel <input type="checkbox"/> dry • special tool(s)/instructions needed to disassemble/assemble wheelchair/battery (specify): _____ • tool(s)/instructions to be provided by: <input type="checkbox"/> carrier <input type="checkbox"/> traveller			
6) Use of <b>oxygen</b> on board and/or in terminals * <input type="checkbox"/> carrier provided <input type="checkbox"/> passenger provided			
7) Verify with <b>terminal operator(s)</b> that <b>accessible ground transportation</b> is available to/from terminal <input type="checkbox"/> taxi <input type="checkbox"/> shuttle <input type="checkbox"/> city bus <input type="checkbox"/> other (specify): _____			

ACCESSIBLE SERVICES FOR PERSONS WITH DISABILITIES	Date Requested	Date Carrier Notified	Date Carrier Confirmed
8) <b>“Unaccompanied-passenger” services</b> – a higher level of assistance for individuals such as persons who have cognitive or intellectual disabilities <ul style="list-style-type: none"> <li>• (specify contact name/tel. no.) Dep. _____ /Arr. _____</li> <li>• (specify services required in terminal(s) prior to departure, during connections, and/or upon arrival): _____</li> <li>• (specify services required on board):</li> </ul>			
9) Assistance with registration at <b>check-in</b> counter			
10) <u>On departure</u> , assistance to <b>transfer the person</b> from a passenger mobility aid <ul style="list-style-type: none"> <li><input type="checkbox"/> at registration counter</li> <li><input type="checkbox"/> at departure gate</li> <li><input type="checkbox"/> at aircraft door *</li> </ul> <u>On arrival</u> , assistance to transfer the person to a passenger mobility aid <ul style="list-style-type: none"> <li><input type="checkbox"/> at aircraft door</li> <li><input type="checkbox"/> at arrival gate</li> <li><input type="checkbox"/> at baggage carousel *</li> </ul>			
11) Assistance to get to the <b>boarding gate</b> (specify):			
12) Assistance to <b>board/deboard</b> (specify):			
13) Assistance to <b>transfer the person</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> between a mobility aid and a passenger seat (on departure)</li> <li><input type="checkbox"/> between a passenger seat and a mobility aid (on arrival)</li> </ul>			
14) Assistance to store and retrieve <b>carry-on baggage</b>			
15) Provide <b>meal-related services</b> onboard <ul style="list-style-type: none"> <li><input type="checkbox"/> special meal (specify): _____</li> <li><input type="checkbox"/> opening packages    <input type="checkbox"/> identifying items</li> <li><input type="checkbox"/> cutting large portions</li> </ul>			
16) Assistance to move to/from the <b>onboard washroom</b> (except by carrying)			
17) Assistance to get to a representative of <b>another carrier</b> in the same terminal (specify):			
18) Assistance to retrieve <b>checked baggage</b>			
19) Assistance to get to: <ul style="list-style-type: none"> <li><input type="checkbox"/> the <b>general public area</b>    <input type="checkbox"/> a <b>service animal relief area</b></li> </ul>			
20) Carriage – free of charge – of a trained, certified and harnessed <b>service animal</b> at the person’s seat (specify):			
21) Carrier issuing ticket to notify <b>connecting carrier(s)</b> of services requested to be provided			
22) <b>Written confirmation</b> of services to be provided by the carrier			

\* There may be conditions or restrictions applicable to this service that should be discussed with the person with a disability.