

# Driveway Windrow Snow Cleaning



## Health Assessment

Personal information on this form is collected under the authority of Section 11 of the Municipal Act, 2001 and the City of Mississauga policy 08-03-06 and will be used for the purpose of Windrow Snow Clearing Assistance Program administration, and periodic mailings pertaining to the Window Snow Clearing Assistance Program. Questions about this collection should be directed to the Manager, Customer Service Centre, Community Services Department, 301 Burnhamthorpe Road West, Mississauga, ON L5B 3Y3, Telephone 905-615-3200 ext. 5037.

This form requires completion only if applicant is not able to provide a valid Accessible Parking Permit or TransHelp Acceptance Letter.

Applicant is responsible for any fees associated with completion of this form.

Medical Information must be completed by a Canadian Regulated Health Professional. This includes a licensed physician or surgeon; nurse practitioner; physiotherapist or occupational therapist; chiropractor; optician or optometrist (for vision disabilities); respiratory therapist; chiroprapist or podiatrist.

Eligibility requirements:  
Permanent or temporary loss, absence or impairment of physical ability to clear driveway snow windrow from private driveway.

### Applicant

Last Name

First Name

☐ Male

☐ Female

Date of birth (Year, Month, Day)

### Regulated Health Professional

Medical Certification:

*I hereby certify the applicant listed on this Health Assessment form has a permanent or temporary disabling condition and meets the necessary eligibility requirements as listed above.*

Name (Print)

Name (Signature)

Date of birth (Year, Month, Day)

Telephone (Office)

Print or stamp name and address of Regulated Health Professional