

# Eligibility for Disability Rates Declaration

City of Mississauga  
Community Services  
Recreation



The personal information on this form is collected pursuant to the *Municipal Act, 2001*, S.O. 2001, c. 25. and will be used by the City for the purpose of administering the eligibility of disability fee discount. Questions about this collection should be directed to: Manager Customer Service Centre, 5500 Rose Cherry Place, Mississauga, Ontario L5B 3C1. Tel. 905-615-4100.

**Please complete all sections.**

## Participant Information

Full Name

Address (Number and Street)

City

Postal Code

Phone Number

Email Address

Contact Name (if different from above)

Pay As You Go

Membership

## Declaration

**I DECLARE that I meet the eligibility criteria below:**

**The criteria for the disability fee includes:**

- a) a substantial physical or mental impairment that is continuous or recurrent and expected to last one year or more
- b) a substantial restriction resulting from the impairment in one or more activities of daily living – the ability to tend to personal care, function in the community and function in the workplace
- c) impairments and restrictions can be verified by a prescribed medical practitioner

**I hereby declare that the statements made in this Declaration are complete and truthful. I undertake and agree to report immediately to the City of Mississauga Program Supervisor any changes to my health status that may require accommodations during my term of membership/pay as you go with the City of Mississauga. The City of Mississauga has the right to request an eligibility documentation form be completed by a licenced medical practitioner or other documentation it reasonably requires confirming the information in the Declaration at any time.**

Checking this box indicates I provide consent to record my eligibility status on the City of Mississauga registration/membership system to facilitate efficient admission eligibility with regards to participation at various centres and future purchases of memberships/swipes/pay as you go, and collection of statistics for programming purposes.

I am not a minor and am signing for myself.

The participant is a minor (under 18 years old). I am the parent or legal guardian of the participant and am signing on their behalf.

The participant is not a minor and is unable to sign as a result of disability. I am authorized to sign on their behalf.

Signature of Participant/Legal Guardian/Designate