

Driveway Windrow Snow Clearing

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 Windrow Snow Clearing Assistance Program. Questions about this collection should be directed to the Manager, Customer Service Centre, Community Services Department, 5600 Rose Cherry Place, Mississauga, Ontario, L4Z 4B6, Tel. 905-615-4100.

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; chiropodist 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

Date of Birth (YYYY MM DD)

Male

Female

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

Name (Signature)

Telephone (Office)

Print or stamp name and address of Regulated Health Professional

For information on the Driveway Windrow Snow Clearing Program call 3-1-1 (if outside city limits 905-615-4311) between 7 am to 7 pm Monday to Friday.