

# Application for Special Needs Status

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## For assistance call Circulation Services at 905-831-6265 Ext. 6228

Once the Special Needs Status application has been signed by a manager, you will be exempt from late fees. Please note, lost items and processing fees will still apply.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Library Card Number: \_\_\_\_\_

Library branch you visit most often:

- Central Library
- Petticoat Creek Branch
- Claremont Branch

## Eligibility Criteria

According to the Accessibility for Ontarians with Disabilities Act, a person with a disability is:

- Any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness and without limiting the generality of the foregoing, includes diabetes mellitus; epilepsy; a brain injury; any degree of paralysis; amputation; lack of physical co- ordination; blindness or visual impediment; deafness or hearing impediment; muteness or speech impediment; or physical reliance on guide dog or other animal, or on a wheelchair or other remedial appliance or device;
- A condition of mental impairment or a developmental disability;
- A learning disability, or a dysfunction on one or more of the processes involved in understanding or using symbols or spoken language;
- A mental disorder;
- An injury or disability for which benefits were claimed or received under the insurance plan established under the Workplace Safety and Insurance Act, 1997.

A Health Care Professional must complete the remainder of this form and provide a note on official letterhead indicating that the applicant has a disability and is unable to return borrowed

library materials on time. Health care professionals include doctors of medicine, ophthalmologists, optometrists, psychologists, registered nurses, therapists, professional staff of hospitals, educational institutions and public agencies (e.g. social workers, case workers, counsellors, rehabilitation teachers, etc.).

I certify that the applicant is unable to return borrowed library materials within a set period of time because of a disability. I expect that this status will be required for:

- 3 months
- 6 months
- 1 year
- Indefinitely

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Title/Occupation: \_\_\_\_\_

Signature of Certifying Authority \_\_\_\_\_ Date (MM/DD/YYYY) \_\_\_\_\_

Return this form to any Pickering Public Library Branch or mail to:

Manager of Circulation Services  
Pickering Public Library  
One the Esplanade  
Pickering, ON L1V 6K7

**For Office Use:**

Signature of Manager: \_\_\_\_\_

Date (MM/DD/YYYY): \_\_\_\_\_

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