ELIGIBILITY OF ACCESSIBILITY SUPPORT DISCOUNT DECLARATION FORM

Personal information is collected under the authority of the Municipal Act, 2001, S.O. 2001, c. 25. The information will be used or disclosed to the City for a purpose consistent with the Municipal Freedom of Information and Protection of Privacy Act. Questions about the collection of personal information may be directed to recreation@brampton.ca The City of Brampton reserves the right to ask for updated documentation to validate the account if needed. The City of Brampton reserves the right to verify the qualifications of the health professional provided.

By completing and submitting this form, I consent to the City using this information for the purpose of this application and program, please check yes: **Yes** ☐

ACCESSIBILITY SUPPORT DISCOUNT OVERVIEW

The City of Brampton is committed to promoting social inclusion and creating access to recreation for Brampton residents. Eligible applicants can obtain an Accessibility Support Discount (20% discount off the current rates) for an annual City of Brampton Fitness or Swim/Skate Membership. Discounts are applied in accordance with the City of Brampton User Fee By-law, as amended from time to time.

Individuals with a Permanent, Temporary, or Episodic Disability or Medical Condition lasting 12 months or more may qualify for the City of Brampton Accessibility Support Discount. Individuals whose disabilities or medical conditions are not fully corrected by technical/assistive aids (e.g., glasses, hearing devices, etc.) and who experience significant impacts on daily activities (e.g., mobility, communication, learning, self-care, etc.) may be eligible for the discount.

ACCESSIBILITY SUPPORT DISCOUNT ELIGIBILITY CRITERIA

- **Permanent Disability or Medical Condition:**
  - Proof of ID, Proof of Brampton Residency.
  - Completion of the City of Brampton Eligibility of Accessibility Support Declaration Form.
  - A copy of any one of the following applicable government documents that can be used to verify the disability:
    - ODSP (Ontario Disability Support Program)
    - DTC (Disability Tax Credit)
    - CDB (Canada Disability Benefit)
    - ACSD (Assistance for Children with Severe Disabilities)
    - Passport Ontario
    - If you are currently going through an application process to obtain any of the following government documents listed above, proof of the submitted application and a completed and signed *Physician's Reference Form* (please see the second page) can be used in order to apply for the Accessibility Support Discount on a Temporary basis (12 months or more). The Physician's Reference must be completed by a Healthcare professional who can verify if the applicant meets the criteria of the Accessibility Support Discount (i.e., Physicians, Nurse Practitioners, Registered Nurses, Occupational Therapists, Physiotherapists, Psychologists.). Once your applicable government document has been approved, please re-submit the *Eligibility for Accessibility Support Discount Declaration Form* to change your status from Temporary Disability or Medical Condition to Permanent Disability or Medical Condition.
  - Approved applicants with a Permanent Disability or Medical Condition are eligible to access the Accessibility Support Discount indefinitely; there is no re-application process. Applicants must agree to report any changes to their health or residence status immediately to the City of Brampton during their membership term.

- **Temporary Disability or Medical Condition:**
  - Proof of ID, Proof of Brampton Residency.
  - Completion of the City of Brampton Eligibility of Accessibility Support Discount Declaration Form

ELIGIBILITY OF ACCESSIBILITY SUPPORT DISCOUNT DECLARATION FORM

- Must provide a completed and signed *Physician's Reference Form* (please see the second page) by a Healthcare professional. The Physician's Reference must be completed by a Healthcare professional who knows the applicant and can verify if the applicant meets the criteria of the Accessibility Support Discount (i.e., Physicians, Nurse Practitioners, Registered Nurses, Occupational Therapists, Physiotherapists, Psychologists.).
- Approved applicants with a Temporary Disability or Medical Condition are required to complete the City of Brampton Eligibility of Accessibility Support Discount Declaration Form annually.

A. APPLICANT INFORMATION

(IF YOU ARE COMPLETING THIS FORM ON BEHALF OF THE APPLICANT, PLEASE ENTER THE INFORMATION FOR THE APPLICANT BELOW)

LAST NAME	FIRST NAME
EMAIL ADDRESS (COMMUNICATION WILL BE SENT VIA E-MAIL)	DATE OF BIRTH (YYYY/MM/DD)
BRAMPTON RECREATION ACCOUNT PHONE NUMBER	CELL PHONE NUMBER
ADDRESS (STREET NUMBER/STREET NAME)	
CITY/PROVINCE	POSTAL CODE

B. DEPENDENT INFORMATION *(PLEASE ENTER THE INFORMATION FOR THE DEPENDENT BELOW)*

☐ PLEASE SELECT THIS BOX IF THE APPLICANT INFORMATION AND THE DEPENDENT INFORMATION ARE THE SAME

LAST NAME	FIRST NAME
EMAIL ADDRESS (COMMUNICATION WILL BE SENT VIA E-MAIL)	DATE OF BIRTH (YYYY/MM/DD)
BRAMPTON RECREATION ACCOUNT PHONE NUMBER	CELL PHONE NUMBER
ADDRESS (STREET NUMBER/STREET NAME)	
CITY/PROVINCE	POSTAL CODE

C. PHYSICIAN'S REFERENCE FORM

PHYSICIAN FIRST AND LAST NAME	CLINIC PHONE NUMBER
CLINIC ADDRESS (STREET NUMBER/STREET NAME)	CITY/PROVINCE

IS THEIR DISABILITY/ MEDICAL CONDITION:	IS THE DISABILITY/ MEDICAL CONDITION ELIMINATED USING A TECHNICAL AID? (E.G. GLASSES, HEARING DEVICES, ETC.):	DOES THEIR DISABILITY/ MEDICAL CONDITION SIGNIFICANTLY AFFECT DAILY ACTIVITIES (E.G. MOBILITY, COMMUNICATION, LEARNING, SELF-CARE, ETC.)?
☐ TEMPORARY (lasting 12 months or more) ☐ PERMANENT	☐ YES ☐ NO	☐ YES *(Required for eligibility)* ☐ NO

ANY ADDITIONAL NOTES (NO DIAGNOSIS DETAILS ARE REQUIRED OR REQUESTED)	
SIGNATURE OF PHYSICIAN	DATE

ELIGIBILITY OF ACCESSIBILITY SUPPORT DISCOUNT DECLARATION FORM

D. APPLICANT DECLARATION

(PLEASE COMPLETE THE DECLARATION FOR BOTH PERMANENT AND TEMPORARY DISABILITY OR MEDICAL CONDITION DISCOUNT APPLICATIONS)

I DECLARE that I meet the eligibility criteria listed below:

- ☐ Permanent or Temporary Disability/ Medical Condition (lasting 12 months or more) that is physical or intellectual (mental, cognitive, sensory, learning, or other disabilities), with a significant limitation which is defined as something that is not fully corrected by technical aids (e.g. glasses, hearing devices, etc.) OR have significant limitations that affect daily activities (e.g. mobility, communication, learning, self-care, etc.).
- ☐ City of Brampton Resident (Proof of ID, Proof of Brampton Residency).
- ☐ Completed the City of Brampton Eligibility of Accessibility Support Discount Declaration Form and have attached/provided any additional documentation as needed.
- ☐ Over the age of 18 or signing as a legal parent/guardian for participant (under the age of 18).
- ☐ I undertake and agree to report immediately to the City of Brampton any changes to my health or residence status that may require accommodations during my term of membership with the City of Brampton.
- ☐ Physician's Reference as needed (in lieu of applicable government-issued documents relating to proof of Permanent or Temporary Disability lasting up to 12 months or more).

APPLICANT SIGNATURE/ DEPENDENT GUARDIAN SIGNATURE (If applicant is under eighteen (18) years of age, signature of a guardian is required)	**DATE**

E. MEMBERSHIP TYPE

PLEASE SELECT THE MEMBERSHIP TYPE YOU ARE APPLYING FOR (PLEASE NOTE THE 20% DISCOUNT IS APPLIED TO THE FEES BELOW):

SELECTION	TYPE	FOR RESIDENT MEMBERS ONLY (RESIDENT FEES)
☐	**ANNUAL SWIM/SKATE MEMBERSHIP** *(MUST BE PAID IN FULL AT TIME OF REGISTRATION)* (CHILD/YOUTH/TEEN – AGES 17 AND UNDER)	**$60.20**
☐	**ANNUAL FITNESS MEMBERSHIP** (TEEN – 14-17 YEARS)	**$277.03**
☐	**ANNUAL FITNESS MEMBERSHIP** (STUDENT – 14+ YEARS – *PLEASE NOTE PROOF OF STUDENT STATUS WILL BE REQUESTED)*	**$311.01**
☐	**ANNUAL SWIM/SKATE MEMBERSHIP** *(MUST BE PAID IN FULL AT TIME OF REGISTRATION)* (ADULT – 18-54 YEARS)	**$86.01**
☐	**ANNUAL FITNESS MEMBERSHIP** (ADULT – 18-54 YEARS)	**$389.42**
☐	**ANNUAL SWIM/SKATE MEMBERSHIP** *(MUST BE PAID IN FULL AT TIME OF REGISTRATION)* (ADULT 55+YEARS)	**$68.82**
☐	**ANNUAL FITNESS MEMBERSHIP** (ADULT 55+YEARS)	**$252.43**

F. MEMBERSHIP TYPE

APPLICANTS MAY CHOOSE TO PAY VIA PRE-AUTHORIZED MONTHLY PAYMENTS OR IN FULL. PLEASE SELECT YOUR PREFERRED METHOD OF PAYMENT:

- ☐ **PRE-AUTHORIZED PRO-RATED MONTHLY PAYMENTS (PAYMENTS MAY ONLY BE MADE VIA CREDIT CARD AND CANNOT BE APPLIED FOR PAYMENT OF THE ANNUAL SWIM/ SKATE MEMBERSHIP)**
- ☐ **PAY IN FULL**