

The City of Brampton is committed to promoting social inclusion and creating access to recreation for Brampton residents. Eligible applicants can obtain a Disability Discount (20% discount off the current rates) for an annual/monthly 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 or temporary disability (lasting 12 months or longer) may qualify for the City of Brampton Disability Discount. Those who have disabilities that are physical or intellectual (mental, cognitive, sensory, learning, or other disabilities), are not fully corrected by technical aids (e.g. glasses, hearing devices, etc.), and significantly affect daily activities (e.g. mobility, communication, learning, self-care, etc.) may be eligible for the discount.

DISABILITY DISCOUNT ELIGIBILITY CRITERIA

- **Permanent Disability:**
 - Proof of ID, Proof of Brampton Residency.
 - Completion of the City of Brampton Eligibility of Disability Discount Declaration Form.
 - A copy of any one of the following applicable government documents that can be used to verify the disability:
 - ODSB (Ontario Disability Tax Credit)
 - DTC (Disability Tax Credit)
 - CDB (Canada Disability Benefit)
 - ACSD (Assistance Children Serve Disabilities Ontario)
 - 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 Disability Discount on a Temporary (12 month) basis. 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 Disability 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 Disability Discount Declaration Form* to change your status from Temporary Disability to Permanent Disability.
 - Approved applicants with a permanent disability are eligible to access the Disability 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:**
 - Proof of ID, Proof of Brampton Residency.
 - Completion of the City of Brampton Eligibility of Disability 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 Disability Discount (i.e., Physicians, Nurse Practitioners, Registered Nurses, Occupational Therapists, Physiotherapists, Psychologists.).
 - Approved applicants with a temporary disability are required to complete the City of Brampton Eligibility of Disability Discount Declaration Form annually.



APPLICANT INFORMATION

LAST NAME		FIRST NAME	
EMAIL ADDRESS (COMMUNICATION WILL BE SENT VIA E-MAIL)			DATE OF BIRTH (YYYY/MM/DD)
BRAMPTON XPLOR ACCOUNT PHONE NUMBER		CELL PHONE NUMBER	
ADDRESS (STREET NUMBER/STREET NAME)			
CITY/PROVINCE			POSTAL CODE
MEMBERSHIP TYPE		APPLICATION TYPE	
<input type="checkbox"/> TEMPORARY <input type="checkbox"/> PERMANENT		<input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL	

APPLICANT DECLARATION

I DECLARE that I meet the eligibility criteria listed below:

- Permanent or temporary disability (lasting up to 12 months or more) that is physical or intellectual (mental, cognitive, sensory, learning, or other disabilities), with 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 effects 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 Disability 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.
- Physicians 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/ PARENT OR GUARDIAN SIGNATURE (If applicant is under eighteen (18) years of age, signature of a parent or guardian is required)

PHYSICIAN'S REFERENCE FORM

PHYSICIAN FIRST AND LAST NAME		CLINIC PHONE NUMBER	
CLINIC ADDRESS (STREET NUMBER/STREET NAME)			CITY/PROVINCE
IS THEIR DISABILITY:	IS THE DISABILITY ELIMINATED USING A TECHNICAL AID? ((E.G. GLASSES, HEARING DEVICES. ETC.):	DOES THEIR DISABILITY SIGNIFICANTLY AFFECT DAILY ACTIVITIES (E.G. MOBILITY, COMMUNICATION, LEARNING, SELF-CARE, ETC.)	
<input type="checkbox"/> TEMPORARY <input type="checkbox"/> PERMANENT	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
ANY ADDITIONAL NOTES (NO DIAGNOSIS DETAILS ARE REQUIRED OR REQUESTED)			
SIGNATURE OF PHYSICIAN			DATE