



**Application for
Persons with Disabilities Status**
For assistance, call Answerline at 416-393-7131

First Name

Last Name

Male
 Female

Street Address (#/Street/Apt. #)

City

Postal Code

()
Telephone Number

Email

Library you visit most often

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.

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:

- | | |
|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> 3 months | <input type="checkbox"/> 1 year |
| <input type="checkbox"/> 6 months | <input type="checkbox"/> Indefinitely |

Last Name

Name

() _____

Telephone Number

Title/Occupation

Street Address (#/Street/Apt. #)

City

Postal Code

Signature of Certifying Authority

Date (MM/DD/YYYY)

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.).

Return this form to any Toronto Public Library branch or mail to:

**Director, Branch Libraries
Toronto Public Library
789 Yonge Street
Toronto, Ontario M4W 2G8**

For Office Use:

Signature of Director

Date (MM/DD/YYYY)

The Personal information on this form is collected under the authority of the Public Libraries Act, sections 20(a) and (d) and the Municipal Freedom of Information and Protection of Privacy Act. This information will only be used for the proper administration of the library and the provision of library services and programs by Toronto Public Library. Questions related to the collection of this personal information should be directed to The City Librarian's Office, Toronto Public Library, 789 Yonge Street, Toronto, ON, M4W 2G8, Telephone: 416-393-7032.