



Application for Special Needs Status

People with disabilities may apply for Special Needs Status to be exempt from paying fines on overdue materials in accordance with the Circulation and Collection Use (including Fees and Fines) Policy of Toronto Public Library.

According to the Accessibility for Ontarians with Disability Act 2005, a disability is:

- a. 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 a guide dog or other animal, or on a wheelchair or other remedial appliance or device;
- b. A condition of mental impairment or a developmental disability;
- c. A learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language;
- d. A mental disorder; or
- e. An injury or disability for which benefits were claimed or received under the insurance plan established under the Workplace Safety and Insurance Act, 1997.

To apply, complete this form and return with the note on official letterhead from a health care professional to any branch of the Toronto Public Library or mail to:

**Director, Branches
Toronto Public Library
789 Yonge St.
Toronto, Ontario
M4W 2G8**

The library will notify you confirming that your application has been approved.



Application for Special Needs Status

(Please print clearly)

To be completed by the customer

I apply to have my card designated as "Special Needs" to be exempt from paying fines on overdue materials. I am unable to return borrowed materials within a set period of time because of a disability.

_____		_____	
First Name		Last Name	
_____		_____	
Library Branch you use		Library Card Number	
Address: _____			
Apt. or Unit #/Building #/Street		City/Province	Postal Code
_____		_____	
Signature		Date (MM/DD/YYYY)	

To be completed by the Health Care Professional

A Health Care Professional must:

1. Complete the following section of this form **and**
2. Provide a note on official letterhead indicating that the applicant has a disability which prevents him/her from returning borrowed library materials within a set period of time.

I certify that the applicant is unable to return borrowed library materials within a set period of time because of a disability.

_____		_____	
First Name		Last Name	
_____		()	
Title or Occupation		Telephone Number	
Address: _____			
Apt. or Unit #/Building #/Street		City/Province	Postal Code
_____		_____	
Signature		Date (MM/DD/YYYY)	

For Office Use:	
_____	_____
Signature of Director	Date (MM/DD/YYYY)