

ACCESSIBILITY ACCESS TO PRIVATE PROPERTY PROGRAM

SECTION 1 - APPLICATION

NAME OF APPLICANT: _____

ADDRESS: _____ PHONE # _____ EMAIL ADDRESS _____

PLEASE NOTE:

- **Section 1** must be completed and signed by applicant with **Section 2** completed and certified by your medical professional.
- Applicants seeking renewal of this privilege **must** contact the Customer Services Branch (204-986-5018), before October 1st of each year, stating no changes in eligibility criteria and that the service is still required.
- The renewal frequency is as follows:
Short-Term – annually
Long-Term – every 3 years
- Service to addresses where a renewal was not received will be discontinued.

I hereby certify the following:

- ☐ The applicant is physically incapable of shovelling snow;
- ☐ No other able-bodied person resides at the applicant's residence;
- ☐ The applicant is financially unable to hire this service

_____ Date

_____ Signature of Applicant

Privacy Statement: Your personal information is being collected under the authority of The Freedom of Information and Protection of Privacy Act (FIPPA). It will be used to determine your eligibility for, and to administer, the City of Winnipeg Snow Clearing on Boulevard Path for Physically Incapacitated persons. Your information is protected under The Freedom of Information and Protection of Privacy Act (FIPPA) and in the case of any personal health information, The Personal Health Information Act (PHIA). If you have any questions about the collection of handling of your personal information, please contact 311.

SECTION 2 – MUST BE COMPLETED AND CERTIFIED ONLY BY A LICENSED MEDICAL PHYSICIAN, REGISTERED CLINIC-BASED NURSE PRACTITIONER, CHIROPRACTOR, OCCUPATIONAL THERAPIST OR PHYSIOTHERAPIST

It is my opinion that the applicant is incapable of shovelling snow due to a medical condition on a:

_____ **Short-Term** basis (Prognosis to change within 3 years)

_____ **Long-Term** basis (Prognosis is permanent or to change beyond 3 years)

CERTIFICATION AUTHORITY: To be completed by a Medical Physician, Registered clinic-based Nurse Practitioner, Chiropractor, Occupational Therapist or Physiotherapist. Note: As the authorizing medical professional, you are verifying the applicant is physically incapable of shovelling snow.

Name: _____ Position/Title: _____

Address: _____ City/Town: _____ Postal Code: _____

Phone Number: _____ Email Address: _____

Certification: It is my opinion that the applicant is incapable of shovelling snow.

_____ Signature of Medical Professional

_____ Registration Number

_____ Date

SECTION 3 – PUBLIC WORKS DEPARTMENT ONLY

Inspector Comments: _____

Inspector Name: _____

Inspector Signature: _____

STREETS MAINTENANCE

104-1155 Pacific Avenue, Winnipeg (Manitoba)

DIVISION DE L'ENTRETIEN DES RUE

104-1155, avenue Pacific, Winnipeg (Manitoba)

winnipeg.ca