

## Application for Accessibility Status

People with disabilities may apply for Accessibility Status for extended borrowing periods for most library materials.

Kitchener Public Library is proudly a fine-free library. However, items that are long overdue and not returned to the library will incur a replacement cost.

According to the Accessibility for Ontarians with Disabilities Act, 2005, “disability” means

- 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,
- a condition of mental impairment or a developmental disability,
- a learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language,
- a mental disorder, or
- an injury or disability for which benefits were claimed or received under the insurance plan established under the *Workplace Safety and Insurance Act, 1997*; (“handicap”)\*

\*<https://www.ontario.ca/laws/statute/05a11>

To apply, complete the steps on page 2. Kitchener Public Library will notify you that your application has been approved.



## Customer information

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Birthdate (DD/MM/YYYY): \_\_\_\_\_

Library Card Number: \_\_\_\_\_

### Address

Street address 1: \_\_\_\_\_

Street address 2: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone number: \_\_\_\_\_

I certify that I, \_\_\_\_\_, am eligible for  
Accessibility Status.

Signature: \_\_\_\_\_

Date (DD/MM/YYYY): \_\_\_\_\_

The information on this form is collected under the authority of the  
**Ontario Public Libraries Act R.S.O. 1990**, and will be kept strictly  
confidential.

## For Staff Use

Library Card Number: \_\_\_\_\_

Registration Date: \_\_\_\_\_

Staff Initials: \_\_\_\_\_